



# COMPREHENSIVE PERINATAL SERVICES PROGRAM

## PROVIDER HANDBOOK

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Inspiration for the completion of this project came from the knowledge that there exist countless health and human service providers, administrators, and dedicated clients who actively participate in CPSP on a daily basis and, in this way, contribute to the improvement of perinatal services and healthier birth outcomes.

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## How to Use This Handbook

This Comprehensive Perinatal Services Program (CPSP) Provider Handbook was developed to provide you, a CPSP provider, with the information and tools you need to implement the program at your site.

### Why You Need This Handbook

This handbook guides you in the development and ongoing delivery of the CPSP services required by the State of California Title 22 regulations.

Delivery of CPSP services is a team effort. Use the handbook to orient staff members to the program and to involve them in developing your CPSP services delivery plan and protocols. The handbook includes the CPSP guidelines, explanation of program requirements, and easy-to-use tools.

Use this handbook with the other supports available to help you implement CPSP. The Perinatal Services Coordinator (PSC) in your local health department is available to answer questions and provide expertise. Training opportunities are available to assist staff members in successfully fulfilling their roles.

### How The Handbook is Organized

#### *Chapter Contents*

Chapter 1 provides background information on the CPSP, the model it exemplifies, and the standards it is built upon.

Chapter 2 offers detailed descriptions of all of the components of CPSP.

Chapter 3 helps you implement CPSP.

Chapter 4 gives specific information on Medi-Cal eligibility.

Chapter 5 identifies financing mechanisms.

Chapter 6 lists the resources available to you to assist with implementing CPSP.

Chapter 7 is a Tool Kit with some reproducible checklists, forms, and charts. Other items in the Tool Kit are sample documents to assist you in the development of your own program forms or protocols.



Local PSCs are listed on page 6-5.



CPSP training opportunities are on page 6-21.

### *Appendix*

An Appendix at the back of the handbook contains information which underlies the implementation of California's CPSP.

### *Margin Text*

Throughout the handbook, comments in the left margin point you to related information in another section of the handbook or to resources that provide more information on a subject.

### *Icons*

Icons are used throughout the handbook to provide a visual guide to specific topic areas, or to alert you to related information in another section of the handbook.

An additional icon refers the reader to the *Steps to Take Comprehensive Perinatal Services Program Guidelines*. These guidelines provide the information CPSP approved staff members, who are not registered dietitians nor masters-prepared social workers or health educators, need to effectively assess, provide interventions, and appropriately refer clients for support services. To obtain a copy of *Steps to Take*, call the PSC in your local health department.

## HOW TO USE THIS HANDBOOK

To help you easily find what you need in this handbook, the icons shown below are used.

### CPSP COMPONENTS



Obstetric



Health Education



Nutrition



Psychosocial

### CPSP SERVICES



Client  
Orientation



Initial  
Assessments



Individualized  
Care Plan (ICP)



Interventions



Reassessments



Postpartum  
Assessment and  
Care Plan

### REFERENCES



Steps to Take



Found elsewhere in  
this handbook



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# 01

## PROGRAM OVERVIEW



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There are approximately 1,500 providers throughout California approved to provide CPSP services.

## Program Background



Comprehensive Perinatal Services Program (CPSP) was created in 1987 to reduce morbidity and mortality among low-income pregnant women and their infants in California. It was initiated

following the success of the Obstetric Access pilot project. From July 1979 through June 1982, the Obstetric Access project (OB Access project) operated in 13 California counties. Its goals were to improve access to care in underserved areas and to improve pregnancy outcomes through enhanced prenatal care. This project, conducted by the Department of Health Services, demonstrated that obstetric care supplemented by nutrition, health education, psychosocial services, and prenatal vitamins and minerals, could reduce the incidence of low birthweight in infants by more than one-third. Results of this pilot project are detailed below.

### The OB Access Project

From July 1, 1979, to June 30, 1982, the OB Access project registered 6,774 women. Of the 5,388 women who completed care and gave birth to live infants, 2,575 were Medi-Cal beneficiaries and 2,813 were Title V low-income mothers.

#### *OB Access Findings*

- Most (87.2 percent) registrants started prenatal care during the first or second trimester.
- Despite a variety of access barriers, most (84 percent) registrants completed care.
- Women who had a basic package of comprehensive perinatal services had a low birthweight rate of less than 3.1 percent compared to 7.7 percent in a match group who received only traditional obstetric care.
- The cost of providing enhanced care was 5.0 percent higher than the average cost of care provided under the existing Medi-Cal program.
- For every dollar spent on the OB Access model of services, two to three dollars were saved compared to Medi-Cal obstetric services alone.



See Appendix for Title 22 regulations and Medi-Cal Managed Care Policy letter No. 96-01.

The term “provider” describes a person or institution approved for the delivery of all CPSP services. To become an approved CPSP provider, call your local PSC, or call the State Coordinator at the number listed on page 6-5.

## CPSP Program

Impressed by the results of the OB Access project, the California State Legislature enacted a law (AB 2821, Bates) in 1982 requiring all publicly subsidized prenatal care to include nutrition, health education, and psychosocial services in addition to obstetric care.

In 1984, legislation (AB 3021, Margolin) implemented a Medi-Cal reimbursement mechanism for these enhanced perinatal care services. In September 1987, CPSP was initiated. Title 22 of the California Code of Regulations (CCR) describes the required services and defines regulations for CPSP. Establishment of the CPSP-enabled Medi-Cal approved health care providers to become CPSP certified and receive Medi-Cal reimbursement for the enhanced CPSP services.

While CPSP services are delivered through State-certified providers, local health jurisdictions (counties and selected cities) play a major role in administering CPSP. Local health jurisdictions employ PSCs and other staff to:

- Inform potential providers about the program
- Distribute applications
- Make recommendations for provider certification

They may also develop models of service in their county, conduct outreach to inform eligible women about the program, and give consultation and technical assistance to providers.

All pregnant Medi-Cal beneficiaries enrolled in managed care plans are required to have access to CPSP services. Enhanced services must be offered to every pregnant Medi-Cal managed care health plan member.



Reimbursement for comprehensive services is discussed on pages 5-3 through 5-12.



**Steps to Take** guidelines cover several basic nutrition, health education, and psychosocial perinatal issues that can be referenced or integrated in protocols for staff to follow.

## The CPSP Model of Care

CPSP is a Medi-Cal program that provides a model of enhanced obstetric services for eligible low-income pregnant and postpartum women. These services are delivered by approved CPSP providers. Basic to the CPSP model is the belief that pregnancy and birth outcomes improve when routine obstetric care is enhanced with specific nutrition, health education, and psychosocial services.

The CPSP client receives ongoing

orientation, assessment, care plan development, case coordination, appropriate nutrition, health education, and psychosocial interventions and referrals from a multidisciplinary team. The perinatal nutrition, health education, and psychosocial services are commonly referred to as “enhanced services” or “support services.” CPSP providers receive reimbursement for the delivery of comprehensive perinatal services from conception to 60 days postpartum. All CPSP services are delivered with the following underlying philosophy of care.

- Health care services are client-centered; services are delivered in consultation with the client and based on her prioritized needs.
- Client strengths are assessed and factored into the client’s care.
- Comprehensive perinatal services are delivered through a multidisciplinary approach to address the client’s full needs.
- Services provided are culturally competent; CPSP provides individualized services and respects clients’ values, beliefs, and traditions.
- Clients’ choices and rights are valued and respected.
- Services delivered are based on protocols approved by nutrition, health education, and psychosocial consultants.
- Linkages to some services in the community are required and others are encouraged to enhance the client’s care.
- Client participation in CPSP is voluntary.



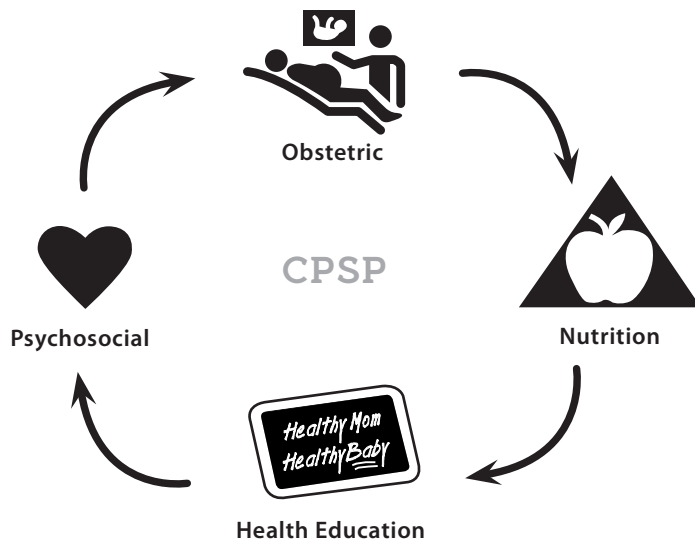
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The standards of care for the CPSP components are described following this page.

## CPSP Components and Model of Care

CPSP provides an effective model for delivering a wide range of health-related services to pregnant and postpartum women. A CPSP provider working with a multidisciplinary team of health care practitioners delivers obstetric care services and nutrition, health education, and psychosocial services to address the client's full spectrum of needs.



A multidisciplinary team is important for the success of CPSP. Refer to Chapter 3 for tips on staffing CPSP services.



## Obstetric Standard of Care

A detailed description of obstetric clinical management is beyond the scope and purpose of this handbook. CPSP regulations incorporate the most recent edition of the American College of Obstetricians and Gynecologists (ACOG) guidelines.

The ideal program begins before conception, continues during pregnancy, and extends through the postpartum period. The earlier pregnancy is diagnosed and the woman seeks care, the earlier efforts can be undertaken to assess risk factors, establish an ongoing management plan, and, if necessary, alleviate problems or modify behavior.

Prior to the administration of any assessment, medication, procedure, or treatment, the client should be informed of potential risks or hazards which may adversely affect her or her unborn infant during pregnancy, labor, birth, or postpartum, and the alternative therapies available to her. The client has a right to consent or refuse the administration of any assessment, medication, procedure, or treatment.

CPSP providers are expected to foster team building among the various specialty and support services to deliver optimum, thorough perinatal care. In addition, perinatal care should include family members to foster the concept of pregnancy and childbirth as a family experience.

A copy of "Guidelines for Perinatal Care" may be obtained from:  
ACOG Distribution Center  
P.O. Box 4500  
Kearneysville, WV 25430-4500  
1-800-762-2264 ext. 197



## Nutrition Standard of Care

Adequate nutrition is vital before, during, and after pregnancy to help ensure the optimal health of both the mother and the infant. Inadequate food access and intake, extremes in weight status, eating disorders, severely restricted diets, chronic medical conditions, and detrimental personal habits such as tobacco or alcohol use are just a few of the factors that impair a woman's nutritional status and impact her health and the health of her children. Ongoing nutrition services are a critical aspect of a woman's perinatal care. Including Registered Dietitians (RD) on the CPSP team is encouraged as these health care providers are specially qualified to provide nutrition services and education for clients and technical assistance to other CPSP team members.



CPSP nutrition assessment requirements are listed beginning on page 2-10.



A list of nutrition risk conditions that should be referred to an RD are listed on page 2-25.

Medical nutrition therapy is the use of specific nutrition services to treat an illness, injury, or condition.

### *Basic Nutrition Services*

CPSP requires that basic nutrition services be integrated into the care of all expectant and new mothers. Basic nutrition services include nutrition assessment, and nutrition education and intervention. Basic nutrition care interventions are needed for problems detected in the assessment. The client actively participates in an individualized care plan addressing her nutritional needs and goals. Assessments and interventions are carried out by designated and trained CPSP staff and should occur at the initial assessment, trimester reassessments, postpartum, and anytime as needed.

Education and support for breastfeeding is another aspect of basic nutritional care and is best provided by an individual with specialized breastfeeding training and experience. Consideration of the woman's cultural and traditional practices and beliefs are essential for the delivery of quality nutrition services.

### *Specialized Nutrition Services*

Women presenting with complex medical conditions may require more in-depth nutrition assessment, diet modification, frequent monitoring and revision of the nutrition care plan. Medical nutrition therapy, and other specialized forms of nutrition support for complex medical conditions should be provided by an RD with expertise in perinatal nutrition. All services provided must be referred by and coordinated with the medical provider responsible for the care of the woman.



## Health Education Standard of Care

Pregnancy and expectant parenthood naturally create new learning needs for each woman, her partner, members of her family, and her support system. These needs may include accurate health and perinatal care facts, active learning for specific behavior change, and the practice and mastery of new skills or modification of current habits for optimal health.

Pregnancy and a new infant challenge a woman's lifestyle, her current health behavior patterns, and possibly her personal resources. CPSP provides an opportunity for women to obtain health education services from her CPSP provider that address her unique health education needs and to participate in routine perinatal health education services such as childbirth preparation, breastfeeding, and infant care classes.



Orientation is explain in further detail on pages 2-5 and 2-6.



CPSP health education assessment requirements are listed beginning on page 2-12.

### *Basic Health Education Services*

Health education begins with orientation that sets the tone for informed client participation by informing the woman and her support person(s) about CPSP, routine services, the provider setting, and much more. Because a fundamental principle of the CPSP program is respect for the client's dignity and rights, orientation may occur during the entire perinatal period to reinforce information given initially and to help the woman understand new procedures, tests, or services, so that her consent and participation is truly informed.

The process continues with the initial assessment which identifies the woman's current health practices, strengths, and health education needs.

The client-centered educational process continues with her active participation in creating an Individualized Care Plan that includes health education objectives which specify the health education services and interventions she will receive to meet her needs.

During each subsequent trimester and postpartum, reassessments assist staff and client to:

- Evaluate the effectiveness of teaching
- Evaluate the progress towards achieving health education objectives





CPSP providers who offer classes onsite, or by an agreement offsite, need protocols that include sign-up and referral procedures, must have class outlines and must list all instructors appropriately on their application or the application change form.



Risk conditions that should be referred to a health education professional or other specialized referral are listed on page 2-29.

- Adjust the care plan as necessary
- Evaluate patient satisfaction with services

Health education interventions include individual instruction, small group, and class sessions provided throughout the prenatal period and for 60 days postpartum. Using the information gained during the assessment process regarding how the woman prefers to learn, the provider can create planned sequential health and perinatal education to meet the woman's specific needs and interests. While written materials can be useful additions to reinforce verbal instruction, by themselves they are not considered a complete health education program. Likewise, while video programs can present information in a concise and interesting format, videos must be shown in the presence of a CPSP staff member who can introduce important themes, gauge client response, and be available to answer questions and review important points.

CPSP staff can competently provide appropriate health education when the resources are in place:

- Supervision from or access to a professionally prepared health education consultant
- Ongoing training in health education
- Linguistically and culturally appropriate teaching tools, curricula, and guidelines

Health education protocols should include detailed curricula on such topics as prenatal care, self-care, the progress of pregnancy, fetal development, labor and delivery, postpartum care, safety topics, infant care, and common conditions in pregnancy.

### *Specialized Health Education Services*

The master's level health education professional who is required to approve health education protocols can provide supervision, consultation, and staff training. This professional can also provide direct services to women with health education risk conditions and complex learning needs requiring a more in-depth assessment or other specialized services.



## Psychosocial Standard of Care

The CPSP program provides psychosocial assessment, individual care plan development, and interventions for all clients. The goal is to help the client understand and deal effectively with the biological, emotional, and social stresses of pregnancy, thereby increasing her ability to improve the health outcomes for herself and her baby. The psychosocial process assists the woman with crisis intervention, community resources, transportation needs, lack of follow-up, or any psychosocial problem affecting her care.

The woman's strengths and needs are assessed in the context of her environment. The woman should be treated with respect. This includes acknowledging her strengths and weaknesses and accepting and respecting cultural diversity. Whether the assessments, individual care plan development, or interventions are conducted by an individual or a team, they are based on a common psychosocial belief that the client is the person most concerned with her care.



CPSP psychosocial assessment requirements are listed on page 2-16.

### *Basic Psychosocial Services*

The initial psychosocial assessment is the beginning step in determining what impact social, emotional, and economic issues and needs may have on a woman during her pregnancy. Assessments are carried out by designated and trained CPSP staff and should occur at the initial assessment, trimester reassessments, and again in the postpartum period. The importance of providing quality psychosocial services to women cannot be overemphasized. Many of the problems being presented can be ameliorated by brief social work interventions.

Psychosocial interventions are needed for problems discovered in the assessment. These interventions are directed toward assisting the client to understand and effectively manage the biological, emotional, and social stresses of a pregnancy.

### *Specialized Psychosocial Services*

Including a master's-prepared social work professional (MSW) or other master's-prepared psychosocial professional on the CPSP team is encouraged as these health care practitioners are specially qualified to provide a full range of psychosocial services and support for clients and other CPSP team members. The services of an MSW or Marriage, Family & Child Counselor (MFCC) are recommended for women with complex psychosocial problems needing a more in-depth assessment and other specialized services.



Psychosocial risk conditions that should be referred to a discipline-specific professional are listed on page 2-30.

## The CPSP Services

### What Are the CPSP Services?

#### *Obstetric Services*

All routine obstetric services are provided by a qualified practitioner who is on the CPSP provider's staff or through contract with another qualified practitioner. These services include prenatal care, intrapartum (delivery) care, and postpartum care.

#### *Enhanced Services*

A CPSP provider offers client orientation and nutrition, health education, and psychosocial assessments, individualized care plans, interventions, coordination of care, and referrals. Services can be provided by qualified practitioners on the CPSP provider's staff, or through contract with other qualified practitioners.

#### *Vitamin/Mineral Supplement*

A 300-day supply of vitamin/mineral supplements may be dispensed to the client or prescribed as medically necessary.

#### *Referrals to Related Services*

The following services must be available to every client. The CPSP provider may provide these services, or make a referral.

- Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
- Genetic screening
- Dental care
- Family planning
- Child Health and Disability Prevention Program (CHDP)

### Who Can Be a CPSP Provider?

A CPSP provider must have an National Provider Identifier (NPI) number and be in one of the categories listed below:

- Physician in general practice, family practice, obstetrics/gynecology, or pediatrics



CPSP practitioners are the members of the health team who are approved to provide the comprehensive services.



Title 22 regulations are located in the Appendix.

- Group medical practice, if at least one member is one of the physician types identified above
- Certified Nurse Midwife
- Preferred Provider Organization (PPO)
- Clinic (hospital, community, or county)
- Alternative Birth Center
- Family Nurse Practitioner
- Pediatric Nurse Practitioner

### Who Can Be a CPSP Practitioner?

A CPSP provider may employ or contract with any of the practitioners listed below who may give comprehensive perinatal services appropriate to their credentials and skill level.

- Physicians (general practice, family practice, obstetrician/gynecologist, pediatrician)
- Certified Nurse Midwives
- Nurse Practitioners
- Physician's Assistants
- Registered Nurses
- Licensed Vocational Nurses
- Social Workers
- Psychologists
- Marriage, Family, and Child Therapists
- Registered Dietitians
- Health Educators
- Certified Childbirth Educators (Lamaze, Bradley, ICEA)
- Comprehensive Perinatal Health Workers (CPHW)

Refer to Title 22 Section 51179.7 for education, licensure/certification, and experience requirements.



An International Board Certified Lactation Consultant (IBCLC) may give comprehensive perinatal services as listed in their Scope of Practice (<http://www.iblce.org/upload/downloads/ScopeOfPractice.pdf>) during the prenatal and postpartum period covered by CPSP. Their services can be billed as a Comprehensive Perinatal Health Worker (CPHW) if they do not meet the requirements of other listed practitioners.



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# 02

## DELIVERING CPSP SERVICES TO CLIENTS



The scope of services CPSP clients receive is based on the recognition that providing comprehensive obstetric, nutrition, psychosocial, and health education services during the course of perinatal care contributes significantly to improving perinatal outcome.

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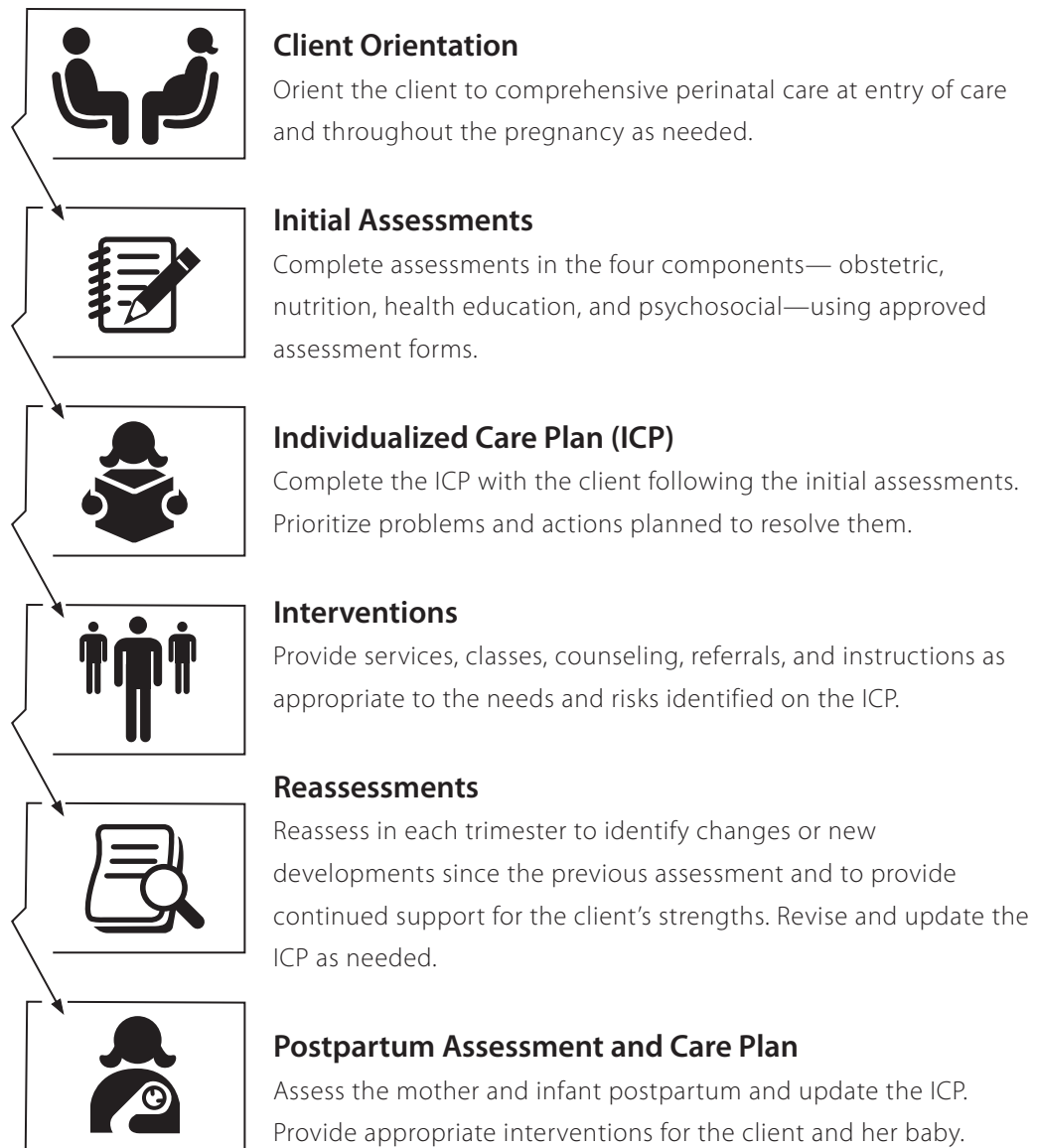


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### CPSP Scope of Services



Guidelines for providing these Title 22 services to CPSP clients are in this chapter.



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## Client Orientation

### WHY

Keeping the client informed about her pregnancy care and available CPSP services is necessary to best match services to the needs of the client and her family.

### WHAT

Orientation is an opportune time to inform the client of her rights as well as her responsibilities. CPSP practitioners provide an initial orientation and continue to orient the client to needed services, procedures, and treatments throughout her pregnancy.

### HOW

The client orientation includes but is not limited to the following:

- Where, when, and how comprehensive services are provided
- What to expect at prenatal visits
- Client's agreement to participate in services
- Where to obtain services (hospital, office, clinic, etc.)
- Information about routine tests and procedures
- How to use the services (office hours, making and breaking appointments, etc.)
- Identifying danger signs and symptoms and whom to contact if problems arise
- An opportunity to ask questions and express concerns the client may have about her prenatal care, services, or any of the information provided

Orientation given at other times during perinatal care can also be provided to address:

- Informed consent and orientation to procedures, such as the AFP test, genetic testing and other procedures or issues that arise over the course of the client's pregnancy
- Information about referrals the client has been given such as WIC, dental care, and pediatric and well-child care services
- Hospital pre-admission procedures and other routine hospital practices



For a sample patient Bill of Rights and orientation guidelines, refer to the **Steps to Take** handbook.



- Availability of tours or other hospital orientation services (If a maternity floor tour is not provided, a full orientation to the hospital should be provided by the CPSP staff)
- Postpartum orientation to services and referrals; for example, referral for rubella immunization for the mother and postpartum orientation to breastfeeding support groups and lactation services



## WHY

## Initial Assessments

During the initial assessments, the CPSP provider gathers baseline data and asks questions designed to identify issues affecting the client's health and the pregnancy outcome, her readiness to take action, and resources needed to address the issues. The practitioner and the client use the initial assessment to develop an individualized care plan (ICP) identifying interventions to meet the client's unique needs.

## WHAT

The initial obstetric, nutrition, health education, and psychosocial assessments are the first steps taken to determine a client's individual strengths, risks, and needs in relation to her health and well-being during pregnancy. Ideally, all four assessments are completed within four weeks of entering care.

## HOW

Each initial assessment is completed by a CPSP practitioner in a face-to-face interview with the client. To facilitate the process:

- Use a State-approved initial assessment form
- Conduct the interview in a space that assures confidentiality
- Explain the purpose of the assessment and how it will benefit the client and the care she receives
- Make sure the assessment is offered in a culturally and linguistically appropriate manner
- Review the client's medical history, if available, prior to the interview to identify medical risks
- Ask questions in a nonjudgmental, conversational manner
- Probe beyond superficial or conflicting responses
- Inform the client that she has the right and responsibility to ask questions throughout the interview and the right not to answer any questions she finds uncomfortable
- Respond to any problems the client raises by asking her if she wants help, stating clearly the help that can be provided, and reviewing appropriate community resources
- Summarize the issues that will be the basis for developing the ICP
- Complete documentation needed for WIC program eligibility



Changes to approved initial assessment forms must be submitted to the local PSC. Refer to Chapter 6 for the correct procedures.



WIC eligibility requirements are provided on page 6-8.



### Assessing Risk Conditions

Certain complex conditions identified by the initial assessment and reassessment should be referred to a registered dietitian, or a master's-prepared social worker or health educator for effective assessment, intervention, and referral as needed.

Complex conditions that warrant referral to discipline-specific professionals are listed following the description of nutrition, health education, and psychosocial interventions in this chapter.



Risk conditions are listed on pages 2-25 through 2-31.



### Obstetric Initial Assessment Requirements

The initial assessment must include a detailed first prenatal visit with the OB provider, who is also responsible for reviewing the support services assessments and participating in case coordination. Below is an excerpt from the American Academy of Pediatrics' and American College of Obstetricians and Gynecologists' (ACOG) Guidelines for Perinatal Care, Fourth Edition, 1997, outlining the basic elements of the first prenatal visit.

"Antepartum surveillance begins with the first prenatal visit, at which time the physician or nurse begins to compile an obstetric data base."

This data base should include the following information, as specified in the ACOG Antepartum Record:

- EDD (estimated date of delivery)
- Menstrual history
- Past pregnancies
- Past menstrual history
- Symptoms since Last Menstrual Period (LMP)
- Genetic screening
- Infection history
- Initial physical exam and findings
- Laboratory tests
- Education
- Breast assessment/exam

In summary, CPSP providers can use the initial assessment to develop a tailored ICP which includes medical, nutrition, health education, and psychosocial components and identifies risks as well as strengths. This ICP also includes specific interventions to assist the client in enhancing her health and the health of her baby.

A copy of "Guidelines for Perinatal Care" may be obtained from:  
ACOG Distribution Center  
P.O. Box 4500  
Kearneysville, WV 25430-4500  
1-800-762-2264  
[www.acog.com](http://www.acog.com)



### Nutrition Initial Assessment Requirements

The purpose of the nutritional assessment is to encourage sound nutrition practices and to identify women at risk for a poor pregnancy course and outcome who can benefit from nutritional intervention. The four required components involved in the nutrition initial assessment are described below.



See the Nutrition Initial Assessment Requirements Checklist located on page 7-3 in the Tool Kit for guidelines to develop a nutrition initial assessment.

#### *Anthropometric*

Weight gain in pregnancy is one of the key determinants of a healthy birth outcome. Pre-pregnancy weight status, weight history, and prenatal weight gain and rate of gain are important factors influencing birth outcome, infant birth weight, and the mother's nutritional status. Inappropriate weight gain can signify other health risk behaviors and practices.

#### *Biochemical*

Laboratory tests may indicate existing nutritional inadequacies or abnormalities associated with poor birth outcomes and risks for the mother. Assessing laboratory findings is essential for planning and executing appropriate nutrition interventions.

#### *Clinical*

Previous and current medical and obstetric conditions such as diabetes, hypertension, hyperemesis gravidarum, etc., affect a woman's nutritional state. These conditions may reduce the woman's ability to meet the nutritional demands of her pregnancy. Some chronic and current medical conditions may require medical nutrition therapy as part of their management. Such conditions are most appropriately referred to an RD.

Nutrition and drug interactions may impair a woman's nutritional status. Appropriate assessment and intervention is needed.

#### *Dietary*

An inadequate intake of essential nutrients can affect the course and outcome of pregnancy. Excessive intake of fats and sugars can displace nutrients and further impair nutritional status and promote obesity. Adequate shelter, access to food, cooking facilities, skills, and resources are needed for optimal nutritional intake.



See **Steps to Take** for instructions on assessing food intake and weight status, and for information on many common nutritional concerns.





### *Nutrition Assessment Skills*

All CPSP practitioners performing the nutrition assessment are required to be able to:

- Accurately measure height and weight
- Select appropriate weight gain grid by correct classification of pre-pregnant weight gain status
- Accurately plot weight on weight gain grid at each prenatal visit
- Monitor and interpret weight changes during pregnancy and postpartum
- Provide basic assessment of dietary practices, i.e., accurately complete a 24-hour food recall or food frequency and complete a nutrition questionnaire
- Extract and interpret information from the client's medical record to identify women at risk for nutrition problems before, during, and after pregnancy
- Identify appropriate interventions, resources, and referrals for problems or potential problems based on the nutrition assessment
- Respect and have knowledge of cultural, traditional, or religious practices that influence nutrition intake practices
- Obtain a history of the woman's breastfeeding knowledge, experience, support, and educational needs
- Those mothers who have been identified to be at high risk for not successfully breastfeeding should be referred to an International Board Certified Lactation Consultant (IBCLC) for additional evaluation and education, per their Scope of Practice (<http://www.iblce.org/upload/downloads/ScopeOfPractice.pdf>)



Nutrition risk conditions are listed on pages 2-25 through 2-28.

### *Assessing Risk Conditions*

Certain conditions identified by the initial assessment require nutritional expertise for effective assessment, intervention, and referral as needed. High-risk medical/nutrition problems are most appropriately referred to the RD. These nutrition conditions are listed following the description of CPSP interventions in this chapter.



## Health Education Initial Assessment Requirements

The purpose of the health education assessment is to identify a client's learning needs as they relate to her pregnancy. The components required in the health education initial assessment are described below.

### *Current Health Practices*

Assessment of current health practices provides the opportunity to identify and reinforce those practices or behaviors the woman has that promote health or reduce health risks. Risk behaviors can be determined by an examination of key health practices, and serve to identify areas of need for intervention and/or referral.

### *Prior Experience with and Knowledge of Pregnancy, Prenatal Care, Delivery, Postpartum Self-Care, Infant Care, and Safety*

Effective health education builds on prior experience and current knowledge. Learning and skill development needs vary for each client based on prior prenatal, postpartum, infant care, and safety experience and knowledge.

Knowing the client's prior experience and existing knowledge helps the CPSP staff identify where specific education is needed, determine more effective and meaningful educational interventions, and identify ways to enhance the client's motivation to participate in the education plan.

### *Prior Experience with Health Care Delivery Systems*

Positive or negative experiences with and perceptions of the health system affect a client's willingness to participate in prenatal care. Examining previous use of health care services identifies the woman's needs, strengths, and confidence navigating the health system. It also uncovers barriers she may be experiencing accessing health care services. This information helps the CPSP provider or practitioner to determine where appropriate instruction and/or referral to services may be needed.

### *Client's Expressed Learning Needs*

Health education should address the woman's interests and self-determined learning needs. Including these needs in the ICP will



The Health and Education Initial Assessment Requirements Checklist located on page 7-5 in the Tool Kit provides guidelines for developing a health education initial assessment.



increase the client's motivation to both participate in educational activities and make behavior changes.

### *Formal Education and Reading Level*

Health education should be communicated using concepts and terminology familiar and appropriate for the client. Determining these factors assists in selecting useful and relevant education methods and tools in delivering CPSP services. Health literature and instructions should be available to match the individual's literacy level.

Reading ability affects understanding of medical instructions, referrals, directions, and medication/prescription labels. Hazards due to misunderstanding written information can be avoided if the provider is aware that a client has low literacy or does not fully understand. The provider can assist her in understanding and provide her access to CPSP practitioners trained in concepts and techniques to work effectively with clients who have low literacy skills.

### *Languages Spoken and Written*

Whenever possible, services and information should be provided in a language familiar to the client. Frequently, recently immigrated, non-English speaking women are not literate in their native language. The provider and CPSP practitioners need to know if available written information is adequate to meet her needs or if she needs additional support understanding medical instructions, a referral, prescriptions, or CPSP services.

### *Learning Methods Most Effective for Client*

To be effective, health education must actively involve the client and provide a variety of learning methods and options to allow her to master new skills or change behavior. Having the client identify the methods she knows or feels will help her learn lets her influence the CPSP learning experiences and increases the likelihood she will be satisfied with services and adopt new health practices.



### *Disabilities Which May Affect Learning*

The CPSP provider and health educator can better anticipate and understand the client's response to medical instructions and health education if they are aware of disabilities or impairments that create barriers to learning.

Determining disabilities that may impact learning helps to create a realistic health education plan and identifies methods or facilities which may assist a learning client meet her health education needs. All reasonable accommodations and/or referrals should be made to make participation possible for interested clients with learning disabilities.

### *Client and Family/Support Person(s) Motivation to Participate in Education Plan*

Determining the client's motivation to learn about pregnancy, birth, newborn care, parenting, or to adopt healthy practices assists in identifying her strengths and needs toward the development of a practical education plan.

People in the woman's life who are affected by her pregnancy or health problems or who have influence should be actively involved. Health education should include those who can encourage and support clients in following recommended health practices. The woman's partner, a family member, or other significant support person may play a helpful role in encouraging and supporting a woman in her learning and/or making health behavior changes.

### *Religious and Cultural Factors*

When recommending health education for a client, consider the religious and cultural context of the recommended plans or changes. An analysis of the cultural factors influencing the client's perinatal care helps to identify positive patterns and practices which contribute to the health and well-being of a pregnant/postpartum woman and the baby, as well as practices that are potentially harmful or conflict with her ability to follow medical advice or care.

Respect for those customs that are strongly valued and important to the client and her family is essential to the partnership between the client and the provider.



### *Mobility/Residency*

The provider and CPSP staff need to be aware of how the woman's mobility or residency may affect continuity of care and her ability to follow the advised prenatal care routine or participate in CPSP services. Assessment of factors affecting mobility and residency may reveal risks which can be alleviated by appropriate support, information, or referrals. Transiency may make it difficult to contact a woman with test results, appointment changes, or other information she needs.

### *Education Needs Related to Diagnostic Impressions, Problems, Needs, and Risk Factors*

The health education assessment process includes bringing together data from a multidisciplinary perspective to identify all problems and health education needs and priorities. Medical, nutritional, and psychosocial dimensions of the client's needs or problems must be considered in setting applicable and realistic health education goals.



Health education risk conditions are listed on page 2-29.

The provider and CPSP staff need to express positive attitudes about breastfeeding and the resources available in the community (WIC, La Leche League) to assist mothers if they are concerned about their ability to breastfeed. If the client is identified as being at high risk for not successfully breastfeeding, she should be referred to an International Board Certified Lactation Consultant (IBCLC) for additional evaluation and education, per their Scope of Practice (<http://www.iblce.org/upload/downloads/ScopeOfPractice.pdf>).

### *Assessing Risk Conditions*

Certain risk conditions identified by the initial assessment require health education expertise for effective assessment, intervention, or a specialized program referral as needed.



### Psychosocial Initial Assessment Requirements

The purpose of the psychosocial assessment is to identify the client's personal and environmental issues that can affect her pregnancy. The components required in the psychosocial initial assessment are described below.

#### *Current Status Including Social Support System*

A social support assessment provides a basis for understanding the client's potential for psychosocial adjustment throughout the pregnancy. Social supports are mediators of stress and pregnancy risks. Optimally, a support person or system provides a buffer from crisis and stress and enhances the client's ability to cope. They may also help increase the woman's self-esteem.

#### *Personal Adjustment to Pregnancy*

How a woman views her pregnancy, whether she has some ambivalence or she has certain fears or concerns, is a very important factor in her approach to pregnancy care. To help her make informed decisions, it is important to gain an understanding of the client's adjustment to this pregnancy.

#### *History of Previous Pregnancies*

The prior experience a client has had with a particular pregnancy and its context affects how she and/or her family will cope with the present pregnancy. A history of loss may affect how she views the pregnancy (loss due to abortion, miscarriage, adoption, foster care, or death of a child). Understanding how the client views past pregnancies can help the provider understand how she views the current pregnancy.

#### *Client's Goals for Herself in the Pregnancy*

Many women will never have thought in terms of goals for themselves. Having goals implies that she has some control over what happens to her. When the woman is responsible for selecting changes and identifying goals, her compliance will increase. Defining goals allows the woman to maintain self-respect and dignity, thereby helping her to become responsible for her own care.



The Psychosocial Initial Assessment Requirements Checklist located on page 7-11 in the Tool Kit provides guidelines for developing a psychosocial initial assessment.



### *General Emotional Status and History*

By understanding the client's current emotional status and her past history, you can help her improve her ability to manage her pregnancy. This assessment can help to screen a client who cannot cope with the demands of daily living.

### *Wanted or Unwanted Pregnancy*

When the pregnancy is unexpected, unplanned, or unwanted the client is at risk for marital stress, poor adjustment, medical complications, and poor self-reported general health.

### *Acceptance of the Pregnancy*

Mixed feelings are normal during pregnancy. A woman may be either happy or unhappy about any pregnancy. You can assist the client in finding a level of adaptation that is comfortable for her.

### *Substance Use and Abuse*

A pregnant woman with a substance abuse problem is likely to have a unique constellation of symptoms and factors. It is important to identify whether a client is experiencing problems related to substance abuse and, if so, whether she has progressed to the stage of addiction. By understanding the full spectrum of problems, you can more easily identify the interventions which may be needed.

Women who are drug-involved are more likely to be truthful about their use in settings they perceive as nonthreatening. Throughout the assessment and intervention process, coordination, collaboration, and communication among all responsible individuals and organizations is vital.

Pregnancy may create a unique "window of opportunity" to help a woman limit or stop her substance use. Her desire to protect the fetus and the increased level of health care received may impact her behavior.

### *Housing/Household*

The safety and stability of the client's home, household members, and the neighborhood are important factors that influence her ability to successfully manage her pregnancy.



Psychosocial risk conditions are listed on pages 2-30 and 2-31.

### *Education*

Knowing the client's current education level and any goals she may have will assist you in identifying the best educational approach for her.

### *Employment*

Understanding the client's employment situation will assist you in helping her make plans for her self-care on the job during her pregnancy and postpartum.

### *Financial and Material Resources*

Food, shelter, and clothing are primary needs. Determine whether the client has access to the basic resources she needs to focus on her pregnancy-related health care needs.

### *Assessing Risk Conditions*

Certain risk conditions identified by the initial assessment require psychosocial expertise for effective assessment, intervention, and referral as needed.





## WHY

## Individualized Care Plan

An ICP is an effective tool for coordinating a client's perinatal care. It maximizes the coordination of care and documentation of services provided by all CPSP practitioners: obstetrics, nutrition, health education, and psychosocial.

The ICP provides the following benefits:

- It identifies and documents the client's strengths and a prioritized list of risk conditions/problems, sets goals for interventions, and identifies appropriate referrals
- It is an effective tool for coordinating of client care
- It can be used by the provider and county and state officials as a quality assurance tool to assess the effectiveness, accessibility, and feasibility of the delivery of CPSP services
- The ICP can include identified needs related to breastfeeding and plans the client has agreed to address



A sample ICP form and instructions for completing it are located in the Tool Kit beginning on page 7-41.

## WHAT

A client's ICP is developed based on her unique risk conditions, problems, and strengths identified during the CPSP initial assessments. It is a summary of the perinatal services planned for the client during her pregnancy and 60 days postpartum and covers the four CPSP components: obstetrics, nutrition, health education, and psychosocial. The client's ICP is a part of her medical record.

The ICP should build on the client's strengths, not simply identify her deficits. Acknowledging past and current strengths empowers a client to make positive changes during the current pregnancy and in the future.

The ICP can be developed using one form or format that combines the four CPSP components or an ICP can be developed for each component. The ICP can be located on a separate form, within the assessment form, or in another standardized location in the medical record.

## HOW

- Use a State-approved ICP.
- The ICP is developed by a CPSP practitioner in consultation with the client based on the risk conditions and problems identified



in the initial assessments. The issues included on an ICP are limited in number to those that are unique to the client and those she has agreed to address.

- Items for which the staff is responsible even though they may be obstetric, such as evaluation for an incompetent cervix, may be included on the ICP.
  - Items that are a part of prenatal care for all women are not required to be included on the ICP. These items may be incorporated into a patient care flow sheet; providers can then initial items as they are accomplished.
- While all the risk conditions and problems identified in the initial assessments need to be addressed, not all need to be included on the ICP
    - Some issues can be addressed with immediate intervention and documented on the initial assessment form or in progress notes. Immediate interventions might include referring for emergency food services, discussing gun safety in the home, and prescribing over-the-counter medications. Reassessment of these issues is necessary.
    - The client may not be interested in addressing some of the identified risk conditions and problems at the present time. For example, she may be involved in a domestic violence situation but choose not to take any immediate action. In this type of situation, a note identifying the risk and stating that the client refused services should be made on the initial assessment, in the progress notes, or on the ICP.
  - Interventions must be identified for the risk conditions and problems included on the ICP. These interventions may include teaching, counseling, providing referrals, problem solving, or any other action the client or staff takes to resolve a risk or problem.
    - All proposed interventions should take the client's cultural background and linguistic needs into consideration.
    - Whenever appropriate, people who provide the client's social support, such as her partner or family, should be involved in the interventions.



- The ICP should clearly identify who is responsible for carrying out a proposed intervention and the proposed timelines. The results of each intervention (or referral) should be documented in the ICP.
- The final outcome for each planned intervention must be documented on the ICP form; however, interim activities carried out to achieve ICP goals may be documented in progress notes or in the medical record



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## WHY

## Interventions

Women generally have a heightened interest in and need for health information during pregnancy and are more likely to make health behavior changes. Appropriate and individualized interventions increase the possibility of a successful pregnancy course and birth outcome and overall improved health for the woman and her family.

## WHAT

Appropriate obstetric, nutrition, health education, and psychosocial interventions during pregnancy enable a woman to increase control over and improve her health and the health of her baby.

Interventions provided to a client should be based on approved CPSP protocols.

Each CPSP provider is responsible for providing appropriate individual or group interventions for problems, risk areas, and educational needs and interests identified during the initial assessment. These interventions are identified on the client's ICP. Frequent and continuous assessment may reveal new areas where intervention is appropriate. All interventions should be described by protocols approved by the provider and the required CPSP discipline-specific specialists. **Steps to Take** is a useful resource for planning appropriate interventions for common issues.

## HOW

- Develop protocols that describe appropriate interventions and personnel required.
- Plan interventions for the course of the client's pregnancy during the development of the ICP. Involve the client and ensure that the interventions reflect her interest and ability. Also consider resources available to her within the health setting and the community
- Provide immediate interventions when the situation requires it. Provide interventions continuously throughout the woman's pregnancy and postpartum period.
  - CPHWs and other staff should have access to discipline specialists to ensure appropriate interventions for complex or high-risk conditions.
  - Vary the types of interventions to increase active learning. Interventions may be provided through classes, activities, demonstrations, small groups, games, etc.
  - Provide appropriate community referrals as needed.



**Steps to Take** guidelines provide useful information on how to provide intervention for many common issues.



Risk conditions that should be referred to discipline-specific professionals are listed on the following pages.



**Steps to Take** provides recommended referral criteria for particular nutrition, health education, and psychosocial interventions.

### Risk Conditions and Complex Interventions

Appropriate nutrition, health education, and psychosocial interventions begin with a comprehensive initial assessment to identify strengths and risk conditions. These strengths and risk conditions are then re-evaluated at periodic reassessments. As areas of need are identified, the CPSP practitioner must discern each condition's degree of severity and identify the level of expertise needed to assist the client most appropriately.

As a condition's complexity increases, so does the level of expertise required to provide the client with the appropriate assessment, counseling and education, and other specialized interventions.

Addressing risk conditions and concerns related to breastfeeding during the pregnancy can improve outcomes after delivery. Health education protocols should include when and how to address them and when to refer to an International Board Certified Lactation Consultant (IBCLC) for additional evaluation and education, per their Scope of Practice (<http://www.iblce.org/upload/downloads/ScopeOfPractice.pdf>).

CPSP providers are required to have protocols in place describing intervention and referral procedures.



## Nutrition Risk Conditions

The conditions listed below may impact the health and nutritional status of a client and her baby. Some conditions require less complex interventions and limited nutrition education. Others are more complicated and require the involvement of skilled nutrition professionals who are able to manage and instruct clients about complicated dietary modifications or provide other specialized support.

This list identifies nutrition needs or risks that may be found in perinatal care, but is not exhaustive. The nutrition consultant may recommend other risk conditions needing specialized assessment or intervention.

Well-trained CPSP practitioners can successfully intervene on less severe conditions using the guidelines from **Steps to Take**. The clinical skills of a trained RD working in consultation with the client's medical provider are required for conditions that involve medical nutrition therapy and/or for conditions that have not improved with basic nutrition intervention.

### *Anthropometric*

Very overweight:	Prepregnancy weight >135% desirable body weight
Underweight:	Prepregnancy weight <90% desirable body weight
1st Trimester:	Excessive weight loss
2nd or 3rd Trimester:	Excessive or inadequate weight gain

### *Biochemical*

Anemia:	Hemoglobin (Hgb) <10.5-11.0 g/L Hematocrit (Hct) <33 vol% Mean Corpuscular Volume (MCV): <83 cu mi or >95 cu mi (folate deficiency)
Hypovolemia:	(2nd or 3rd Trimester): Hgb >13.9 g/L Hct >41.9 vol%
Glucose Intolerance:	(results of 3-hr Glucose Tolerance Test two or more values exceeded after a 100g oral glucose challenge) Fasting: ≥95 mg/dl 1 hr ≥180 mg/dl 2 hr ≥155 mg/dl 3 hr ≥140 mg/dl



See **Steps to Take** for specific weight criteria.



**Steps to Take** provides recommended referral criteria for particular nutrition interventions.



### *Clinical (Physical/Medical/Obstetrical)*

Previous obstetric history/complications:

- Gestational diabetes
- Preeclampsia (pregnancy induced hypertension)
- Low birth weight infant (<5.5 lbs)
- Small-for-gestational-age (SGA) infant
- High birth weight infant (>9 lbs)
- Congenital anomaly

Current medical/obstetric complications:

- HIV/AIDS
- Anesthesia/surgery/recent trauma
- Cancer
- Cardiopulmonary disease:
  - Functional heart disease
  - Organic disease (tuberculosis)
  - Asthma requiring treatment
- Developmentally disabled
- Diabetes Mellitus
- Gastrointestinal disease
- Hemorrhage (antepartum)
- High blood pressure (hypertension)
- Hyperemesis Gravidarum (vomiting more than 2X daily in 2nd or 3rd trimester)
- Infection, severe
- Intrauterine Growth Retardation (poor fetal growth)
- Liver disease (chronic)
- Multiple pregnancy
- Neurological disease/epilepsy
- Physical signs of malnutrition
- Preeclampsia (pregnancy-induced hypertension)
- Sickle Cell Anemia
- Thyroid disease
- Use of prescription drugs known to affect client's nutritional status





Adolescence:	15 years or less at time of conception Less than 3 years since onset of menses
High parity:	5 or more previous deliveries at greater than 20 weeks gestation
Short interpregnancy interval:	12 months or less between delivery (or termination of pregnancy) and conception
Breastfeeding:	Breastfeeding while pregnant Breast/nipple anomalies
Substance Abuse/ Alcohol:	Average daily intake of more than 2 mixed drinks, 2 12-oz cans/bottles of beer, or 2 6-oz glasses of wine Binge drinking: 4 or more alcoholic drinks on one occasion
Cigarettes:	More than 10 cigarettes/day
Street recreational drugs:	Use of narcotics, cocaine, hallucinogens (LSD, etc.), marijuana, amphetamines, and/or other street drugs
Over-the-counter (OTC) medications and herbal remedies:	Chronic use of laxatives, antacids or other OTC drugs known to affect nutritional status; use of herbal remedies known or suspected to cause toxic side effects
Prescription drugs:	Use of tranquilizers, sedatives, stimulants
Vitamin/mineral supplements:	Excessive use of nutrient supplements
Toxicity limits:	Vitamin A >8,000 IU/day Vitamin D >400 IU/day Vitamin C >2,000 mg/day Vitamin B-6 >100 mg daily Iodine >11 mg daily
Pica:	Eating of nonfood substances (starch, clay, ice, coffee grounds, etc.)



For more information on the treatment of perinatal nutrition conditions, refer to **Nutrition Services in Perinatal Care**, 2nd edition, Institute of Medicine, National Academy Press, Washington, D.C., 1992.

- Psychosocial problems:
- Severe emotional distress or anxiety affecting appetite or eating
  - Eating disorders (current or history of anorexia nervosa, bulimia, compulsive eating)
  - Mental retardation
  - Homelessness/no cooking facilities

### *Dietary*

- Diet inadequate in two or more food groups with no improvement on second visit
- No food in the house on more than two occasions
- Special or therapeutic diet (current)
- Other unusual or restrictive dietary practices that CPSP practitioner is unfamiliar with (i.e., vegan food habits)

Additional conditions for referral to a nutritionist:

- Any nutritional problem with which staff does not feel comfortable in counseling



## Health Education Risk Conditions

The risk conditions listed below may impact the health of the client and her baby. Some conditions require less complex interventions while others are more complicated and may require a referral to a master's-prepared health educator for effective assessment, intervention, or referral to other appropriately trained practitioners or programs.

This list identifies health education needs or risks that may be found in perinatal care, but is not exhaustive. The health education consultant may recommend other risk conditions needing specialized assessment or interventions.

- Problems cooperating with the prenatal health care regimen or other medical treatments, or prior history of persistent problems using health care services
- Low literacy/inability to read; poor comprehension
- HIV risk behaviors or exposure
- Tobacco use; inability to quit
- Drug/alcohol use; inability to quit
- Possible lead exposure
- Pregnant teen
- Poor participation or other learning barriers such as low motivation or excessive shyness, and disabilities or impairments that affect learning
- Health care maintenance issues such as:
  - Vision problems/lack of optometric care
  - No dental care during the past year or longer
  - Lacks provider for previous child(ren)
  - Lacks general health care provider for self
  - Lacks child safety seat and/or has poor auto safety habits
  - No rubella immunity
  - Little knowledge of, or previous problems with, family planning methods
- Poor parenting history or insecure with parenting and/or infant care
- Wants to breastfeed but has a history of problems with previous breastfeeding experience; is undecided about breastfeeding
- Obstetric issues such as:
  - History of preterm labor or current preterm labor risk
  - History of surgical delivery or current risk for cesarean; plans VBAC
- Existing chronic or acute medical condition(s) such as STIs, UTIs, hypertension, diabetes, lupus



**Steps to Take** provides recommended referral criteria for particular health education interventions.



This list identifies psychosocial needs or risks that may be found in perinatal care, but is not exhaustive. The psychosocial consultant may recommend other risk conditions needing specialized assessment or interventions.



**Steps to Take** provides recommended referral criteria for particular psychosocial interventions.

### Psychosocial Risk Conditions

The risk conditions listed below may impact the health of the client and her baby. Some conditions require less complex interventions while others are more complicated and may require a referral to a psychosocial professional for assessment and development of a care plan as appropriate.

#### *Pregnancy-Related Issues*

- Teenage pregnancy
- Unwanted pregnancy or tried to get an abortion
- History of abortion or miscarriage
- Fear of labor (other than lack of education)
- Illness associated with the pregnancy
- HIV infection
- History of infant death
- Poor timing of pregnancy
- A child in the home 1 year or younger
- Prenatal diagnosis for genetic abnormalities

#### *Relationship Issues*

- Living in a battered woman's shelter/homeless
- Current history of family violence and/or abuse
- Inadequate support system
- Single parent
- Isolation
- Multiple relationships
- Unstable relationship with father of the child
- Relationship problems with other family members
- Sexual abuse - potential to cause difficulty with breastfeeding



### *Economic Issues*

- Financial problems (difficulty coping with them)
- No job/income
- Limited financial support

### *Emotional Stability*

- Current or history of psychiatric problems
- Current or history of psychiatric hospitalization
- Bizarre thinking, suicidal thoughts, threats of violence against self or others
- Frequent life changes
- Unrealistic thoughts about the future
- Limited emotional support

### *Other*

- Children removed from the home
- Substance use
- Uncertain immigration status
- Unsafe environment
- Physically disabled
- Less than high school education
- Poor housing situation
- Psychotropic medications and breastfeeding



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## Reassessments

### WHY

Reassessments are a time to check the client's progress on those issues she wants to change. It is also a time to see if new issues have arisen for the client and her family, as well as an opportunity to get feedback about her perceptions of the care she has received.

### WHAT

CPSP requires that support services reassessments be offered at a minimum once each trimester and postpartum. However, the magnitude of a woman's problems and the interventions planned may require more frequent assessments. Obstetric visits are on a standardized schedule.

### HOW

- Use an approved reassessment form.
- Review the client's chart to see what has happened with the various providers during the previous trimester or since your last visit.
- Explain the purpose of the reassessment.
- Summarize the needs identified on the ICP, asking the client whether she has made any of the desired behavior changes. Offer encouragement and reinforcement if she has been successful. Find more intermediate steps or identify referral sources if the client has found the change to be difficult.
- Review the outcome of any referrals made during previous visits.
- Review the list of topics on the initial assessment with the client to identify any topics about which she would like more information.
- Ask the client to assess her care in the CPSP program. Ask about her doctor/midwife visits and visits with other CPSP practitioners.
- Summarize the changes, if any, on the ICP. Assess her willingness to carry through on those changes.
- Evaluate barriers that may have impacted the client's ability to follow through with planned interventions. Discuss problems and identify other strategies with her, if necessary.
- Evaluate the effectiveness of the interventions and services that



have been provided. Determine if the information, counseling, education, classes, or other interventions have assisted the client in adopting healthy practices, adjusting to the pregnancy, and dealing with problems identified on the ICP.

- Indicate changes made on the ICP at least each trimester in terms of outcome statements. The update should include:
  - Topics to be reviewed
  - New referrals
  - Classes that the client is urged to attend
  - Special needs of the client
- Complete documentation for continued WIC participation.





### Obstetric Reassessment

The number of visits needed should be tailored to the individual client and determined based on continuing reassessment and risk identification. Some experts feel additional perinatal visits in the early phase of pregnancy may be beneficial.

ACOG's *Guidelines for Perinatal Care* recommends the following reassessment schedule for a woman with a 40-week, uncomplicated pregnancy:

- Approximately every 4 weeks for the first 28 weeks of pregnancy
- Every 2-3 weeks until 36 weeks of gestation
- Weekly thereafter until delivery

For recommendations and guidelines for reassessing high-risk clients, refer to *Caring for Our Future: The Content of Prenatal Care*, a report of the Public Health Service expert panel.



## Nutrition Reassessment

Each trimester, reassess the following nutrition components:

### *Anthropometric*

- Weigh the woman and plot her weight gain at each visit. Make appropriate weight gain recommendations for the second and third trimester.
- Use the weight gain grid to educate the woman about her weight gain progress.

### *Biochemical*

- Assess current lab results; make referrals as needed.
- Assess for status of previously abnormal laboratory results, and provide intervention as needed.
- At 28 weeks, screen for glucose tolerance.

### *Clinical*

- Review medical record and support services assessments for clinical information that may put the client at nutritional risk (i.e., nausea and vomiting, constipation, lack of resources, etc.) and make appropriate interventions.
- Review medical record for any physical challenges to breastfeeding such as implants, inverted nipples, etc.
- Review blood pressure.

### *Dietary*

- Review the ICP to assess progress in meeting previously agreed upon dietary goals.
- Complete a 24-hour dietary food recall or food frequency. Analyze the food intake using My Pyramid and record an agreed upon food intake priority in the woman's care plan.
- Inquire about prenatal vitamin and mineral intake.
- Assess caffeine, tobacco, alcohol, and other substance use.

### *Breastfeeding*

- Assess the woman's attitude, experience, and interest in breastfeeding.
- Promote breastfeeding by providing needed information and education.



Refer to the **Steps to Take** handbook for referral criteria and intervention guidelines.



See **Steps to Take** breastfeeding guidelines.



## Health Education Reassessment

The health education reassessment should include, but not be limited to, the following components:

If the woman enters care during the second or third trimester, expand the initial assessment to incorporate appropriate trimester reassessment items.

### *2nd Trimester*

- Readiness for labor/birth, class enrollment completed, labor support person changes or is newly identified
- If undecided, feeding method decision making, breastfeeding class enrollment status
- If undecided, contraception planned/decision making method choices
- Changes/resolution of discomforts experienced in 1st trimester, additional discomforts common to 2nd trimester
- Newly identified conditions which can be alleviated by patient education
- Progress with behavior changes initiated in 1st trimester, smoking cessation, drug/alcohol use relapses
- Warning signs and symptoms, emergency procedures
- Satisfaction with services

### *3rd Trimester*

- Relevant items from initial assessment and 2nd trimester list above
- Progress of labor/birth preparation, breastfeeding, infant care instruction or classes
- Readiness for newborn, availability of safety seat, knowledge of safety seat use
- Hospital registration, admission and orientation tour
- Newly identified conditions which can be alleviated by or require patient education
- Signs of labor, warning signs of emergency, and emergency procedures
- Readiness and preparation for self-care in the postpartum period
- Satisfaction with services
- Changes/resolution of discomforts experienced in 1st/2nd trimesters, additional discomforts common to 3rd trimester



## **Psychosocial Reassessment**

The psychosocial reassessment should include, but not be limited to, the following components:

### *Each Trimester*

- Any changes in the information gathered in the initial assessment
- Status of problems identified on the ICP
- Identification of new problems or risk factors
- Evaluation of effectiveness of services provided to the client
- Changes to the care plan based on the reassessment



## Postpartum Assessment and Care Plan

### WHY

The postpartum period is the time to assess the client's health, strengths, and needs in relation to infant care skills as well as any needs of the baby. It is also important to assess whether the client has adjusted to her baby, if she has any parenting concerns, and to assess the support systems available to her and her personal health issues. Postpartum is an opportune time to offer education, resources, and referrals to meet immediate and future needs of the client and her baby.

### WHAT

Postpartum CPSP services include assessments for the four components: obstetric, nutrition, health education, and psychosocial. A client may receive nutrition, health education, and psychosocial support services individually or through group intervention anytime throughout the 60-day postpartum eligibility period.

### HOW

Review the medical chart to see what happened during the labor, delivery, and immediate postpartum period.

- Use an approved postpartum assessment form.
- Offer the opportunity to discuss any significant events such as extremely long or difficult labor, a surgical delivery, or initial problems with the newborn.
- Review the needs identified in the ICP. Determine which issues are currently relevant.
- Explain the purpose of the postpartum assessments.
- Complete nutrition, health education, and psychosocial postpartum assessments with the new mother.
- Discuss realistic postpartum interventions based on the client's needs, strengths, and resources, and collaborate with her to develop a postpartum care plan.
- Determine the client's continuing needs and make appropriate referrals.
- Ask the client for her perception of CPSP and for ideas to improve services.
- Complete documentation for continued WIC participation for the woman and her infant.
- Schedule subsequent postpartum services (i.e., family planning, lactation consultant, etc.) and education as needed.



A sample postpartum assessment form is located in the Tool Kit on pages 7-39 and 7-40.



### Nutrition

Assess the following nutrition components:

#### *Anthropometric*

- Weigh the woman (and measure teens) to assess her weight status
- Discuss desired weight goal and appropriate weight loss patterns for all women
- Assess infant weight gain (if available)

#### *Biochemical*

Assess and document:

- Hemoglobin, hematocrit to screen for nutritional anemia
- Blood glucose if indicated
- Other laboratory indicators as appropriate and/or available, such as albumin, Mean Corpuscular Volume (MCV), serum ferritin, etc.

#### *Clinical*

- Review medical record for birth outcome and postpartum complications that may put the woman or infant at nutritional risk
- Review blood pressure

#### *Dietary*

- Complete 24-hour dietary recall or food frequency postpartum
- Assess for appropriate dietary intake for breastfeeding and non-breastfeeding women
- Assess for adequacy of infant's dietary intake and appropriateness of feeding methods

#### *Breastfeeding*

- Assess progress of breastfeeding and provide intervention and/or referral as needed for breastfeeding difficulties
- Assess breastfeeding support and educational needs
- Provide needed information and support to sustain breastfeeding



See **Steps to Take**  
breastfeeding guidelines.



## Health Education

Assess the following health education components:

- Postpartum emergency signs and medical care/emergency care available
- Postpartum self-care: exercise, perineal care, breathing and other relief techniques for “after pains”
- Ongoing medical care for the infant, immunizations
- Home safety-proofing, other child safety knowledge, practices, and preparedness
- Problems with use of the infant safety seat, auto restraint devices
- Progress of breastfeeding, informational and support needs, techniques to avoid or resolve common problems
- Family adjustment to infant, sibling rivalry
- Normal stages of infant development
- Healthy lifestyle (no drugs, no smoking, exercise, etc.)
- Family planning, contraception, child spacing
- Education and referral for rubella immunization for nonimmune women
- Discomforts



## Psychosocial

Assess the following psychosocial components:

- Manifestations of ineffective attachment: infant excessive irritability, inability to be comforted, absent signaling behavior and inactive sucking, tracking or interactive behavior, feeding problems not related to a medical condition
- Postpartum depression
- Spousal/partner relationship
- Child care
- Employment
- Pediatric follow-up




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## 03

## IMPLEMENTING AND MAINTAINING CPSP



CPSP providers and practitioners are encouraged to foster team building among the various specialty and support services in order to deliver optimum and thorough perinatal care.

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### Staffing for CPSP Services



Delivering comprehensive client-centered perinatal services mandated by CPSP regulations involves teamwork among a group of health care professionals and paraprofessionals.

The local PSC can assist in identifying a staffing model that best suites a specific practice.

There are many different configurations for staffing the CPSP team. A provider may employ or contract with any of the practitioners listed below who may give comprehensive perinatal services appropriate to their skill level. Qualifications of CPSP practitioners are defined in the Appendix in the Title 22 CPSP regulations.

- Physicians (general practice, family practice, OB/GYN, pediatrician)
- Certified Nurse Midwives
- Nurse Practitioners
- Public Health Nurses
- Physician's Assistants
- Registered Nurses
- Licensed Vocational Nurses
- Social Workers
- Psychologists
- Marriage, Family, and Child Counselors
- Registered Dietitians
- Health Educators
- Certified Childbirth Educators (Lamaze, Bradley, ICEA)
- Comprehensive Perinatal Health Workers



The minimum qualifications and typical duties for discipline-specific professionals are listed beginning on page 3-4.

While a CPSP provider may employ or develop professional relationships with other practitioners for delivery of services, ultimately the CPSP provider is responsible for the client's care.

An International Board Certified Lactation Consultant (IBCLC) may provide group and individual education per their Scope of Practice ([www.iblce.org/upload/downloads/ScopeOfPractice.pdf](http://www.iblce.org/upload/downloads/ScopeOfPractice.pdf)).



### **Discipline-Specific Professionals**

A provider is required to have discipline-specific professionals develop and/or approve protocols within six months of becoming CPSP certified. They are the preferred professionals to provide consultation and/or direct services when a CPSP client presents with complicated conditions. Additionally, these professionals can enhance the delivery of CPSP services in the following ways:

- Group education for staff and/or clients
- In-service training and development for CPSP staff
- Quality improvement of discipline-related services
- Selection or development of appropriate client education materials
- Participation in care and case coordination for complex medical cases
- Program management and support staff supervision

These consultants should be available for consultation with the CPSP staff who may be providing obstetric, nutrition, health education, and psychosocial services. Consultants should also provide detailed intervention protocols for staff to follow and ongoing staff training.



## Registered Dietitian

### ***Minimum Qualifications***

#### *Credential*

- Registered by the Commission on Dietetic Registration, the credentialing agency of the American Dietetic Association

#### *Experience*

- One year of experience in the field of perinatal nutrition

#### *Expertise*

- Has an understanding of the overall delivery of perinatal services with an in-depth knowledge of the nutrition component of comprehensive perinatal care
- The RD is the practitioner qualified to deliver medical nutrition therapy and specialized nutrition services

#### *Typical Duties*

- Develop, approve, and annually update written protocols for the delivery of nutrition support services.
- Provide staff development and training initially and periodically covering nutrition assessment, reassessments, care plan development, interventions, prioritizing nutritional needs of clients; case conferencing; and follow-up.
- Provide necessary medical nutrition therapy for high-risk obstetric clients.
- Select and/or produce culturally competent nutrition education materials suitable for the client served.
- Train staff to provide individual and group education for clients.
- Review regularly with CPSP staff: 24-hour diet recall methods, accurate plotting of weight on grid, perinatal nutrition education and appropriate interventions.
- Provide consultation, technical assistance and/or delivery of direct client nutrition services.
- Establish and update annually local community resources and nutrition referral network for perinatal services, such as WIC, emergency food referrals, lactation support, etc.
- Develop and implement a quality assurance and evaluation plan for the nutrition component of CPSP services.



## Health Educator

### Minimum Qualifications

#### *Credential*

- Master's degree or higher in community or public health education from a program accredited by the Council on Education for Public Health

#### *Experience*

- One year of experience in the field of Maternal and Child Health

#### *Expertise*

- Has an understanding of the overall delivery of perinatal services with an in-depth knowledge of the health education component of comprehensive perinatal care
- The master's-prepared Health Educator (HE) is the practitioner qualified to deliver specialized health education services

#### *Typical Duties*

- Develop, approve, and annually update written protocols for the delivery of health education support services including client orientation and client education.
- Provide initial staff development and training and periodically cover care plan development, prioritizing educational needs of clients; case conferencing; and follow-up.
- Orient new staff to program.
- Select and/or produce culturally competent health education materials, including audiovisual aids, suitable for the client group and maintain an annotated list of these materials for the staff to use in selecting materials for individual clients based on each client's education care plan.
- Train staff for group and individual education of clients.
- Assist in defining the educational roles of all staff and the competencies required.
- Provide consultation and technical assistance to the provider and staff about prioritizing individual clients' educational needs, principles of adult learning, educational methodologies and materials, and educational barriers.

A health educator with a bachelor's degree with a major in community or public health education may be a CPSP practitioner but does not meet the qualifications to approve protocols.



- Establish and annually update local resources and referral network for perinatal services which are not available from the provider (i.e., smoking cessation programs, childbirth education classes, hospital tours, parenting support groups, adolescent pregnancy services, dental, and substance abuse programs, etc.).
- Develop and implement a quality assurance and evaluation plan for the health education component of CPSP services.
- Provide direct client education services as needed and supervision of and/or consultation to staff performing health education to high-risk clients.
- Develop and teach use of client education materials to the staff.



An individual with a bachelor's degree in social work or social welfare from a college or university with a social work degree program accredited by the Council on Social Work Education may be a CPSP practitioner, but can not approve protocols.

## **Social Worker**

### ***Minimum Qualifications***

#### *Credential*

- Master's degree or higher in social work or social welfare from a college or university with a social work degree program accredited by the Council on Social Work Education, or
- Master's degree in psychology or marriage, family, and child counseling

#### *Experience*

- One year of experience in the field of Maternal and Child Health.

#### *Expertise*

- Has an understanding of the overall delivery of perinatal services with an in-depth knowledge of the psychosocial component of comprehensive perinatal care
- The master's-prepared Social Worker (SW) is the practitioner qualified to deliver specialized psychosocial services

#### *Typical Duties*

- Develop, approve, and annually update written protocols for the delivery of psychosocial support services.
- Provide ongoing staff development and training on assessment, reassessments, care plan development, interventions, prioritization of needs, case conferencing, and follow-up.
- Provide orientation training for all new staff to the program.
- Provide consultation, technical assistance and/or delivery of direct client psychosocial support services as needed.
- Select and/or produce culturally competent psychosocial educational materials suitable for the client group. Honor diversity including attitudes, practices, and/or policies that hold cultural differences and diversity in the highest esteem.
- Train staff to be sensitive to the relationship between personal and environmental issues.
- Educate team members regarding the client's attitudes, behaviors, and coping styles which may affect their approach to care.





- Establish and update annually a psychosocial resource and referral procedure of local community agencies.
- Develop and implement a quality assurance and evaluation plan for the psychosocial component of CPSP services.
- Provide consultation and technical assistance to the provider and staff about individual clients' psychosocial needs.
- Act as the client's advocate in procuring local, state, and federal benefits and services which she is entitled to receive. Take responsibility for being knowledgeable about and aligned in a working relationship with auxiliary service providers.



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## Developing Site-Specific CPSP Protocols

### WHY

A CPSP provider must develop written protocols for each enhanced service—nutrition, health education, and psychosocial— within six months of the effective date of approval as a CPSP provider.

### WHAT

A protocol establishes a system for delivering services within a provider's specific setting. The protocol establishes criteria and standards by which the quality of care can be evaluated and maintained.

CPSP staff should follow their site-specific protocols when delivering CPSP services.

### HOW

- Involve multidisciplinary consultants and CPSP staff to develop CPSP protocols to create a practical program tailored to your site.
- Write CPSP protocols with the detail necessary to meet staff needs. A guideline to follow is that protocols with less detail require a more advanced staff skill level.
- Have the CPSP enhanced services protocols approved by an RD, a master's prepared HE, and an SW.
- Local PSCs can assist providers in locating qualified nutrition, health education, or psychosocial consultants, and provide sample protocols.
  - New providers who use previously approved boilerplate protocols do not need to have them signed by health educator, dietician, and social worker. For application to be approved without consultant names, include a statement on the application such as "Using 2009 Alameda County Protocols". Protocols must be ≤ 5 years old.
- Introduce the protocols to the staff and provide education as needed to ensure that the protocols are properly followed. Orient all new staff to the protocols.
- Attend to quality improvement by reviewing protocols for appropriate interventions and updating them as needed or indicated by staff changes or changes in the standards of care.



Use the Guidelines for Developing CPSP Enhanced Services Protocols in the Tool Kit to ensure that all necessary protocols are developed. Guidelines begin on page 7-47.



See the CPSP Protocol Worksheet and Checklist located in the Tool Kit beginning on page 7-49.



- If you are in a managed care plan's provider network, contact the plan or your PSC to obtain protocol resources.
- CPSP **Steps to Take Guidelines** is a good reference for developing protocols. If your protocols direct you to follow **Steps to Take Guidelines**, be sure these are appropriate for your site.



### Case Coordination

#### WHY

CPSP case coordination benefits everyone.

- The client receives integrated care that addresses her total needs and promotes her involvement.
- Health care team members have access to up-to-date client information which helps them to provide higher quality care.

#### WHAT

Case coordination helps to ensure that services delivered to clients are appropriate for their needs and are delivered in an efficient manner. It involves organizing the provision of comprehensive perinatal services and includes, but is not limited to, supervision of all aspects of client care including antepartum, intrapartum, and postpartum.

#### HOW

Case coordination is the provider's responsibility and may be delegated to appropriate staff. The responsibilities included in the Case Coordinator's role are identified below.

#### *Individualized Care Plan*

The CPSP Case Coordinator works closely with members of the health care team and the client to develop and implement the ICP.

- Coordinate development of a complete ICP.
- Modify the care plan as the client's condition changes.
- Assist the client with practical arrangements such as: transportation, translation needs and tests, referrals, and special appointments.
- Oversee the completion of all care plan recommendations.

#### *Communication with the Client*

The Case Coordinator acts as an advocate for the client.

- Act as a liaison between the client and the health care team to promote effective communication.
- Maintain close contact with the client throughout pregnancy and the postpartum period.

The CPSP fee-for-service provider receives a case coordination reimbursement from Medi-Cal if the assessments for the enhanced services are completed within four weeks of the initial OB exam.



- Track client's attendance at appointments, identify the reason for a missed appointment, and assist the client with making a new appointment.
- Assist the client in problem-solving and act as a contact for problems and questions.

### *Communication with the Health Care Team*

The Case Coordinator ensures that the client receives optimal perinatal care by promoting ongoing communication among health care team members.

- Ensure communication between team members and encourage case conferences to evaluate the client's progress and the quality of care given.
- Ensure that test results and referrals are given to appropriate team members and are recorded in the client's chart.

### *Record Keeping*

The Case Coordinator ensures that all client documentation is complete, up-to-date, and available to all team members.

- Oversee the client's chart for complete documentation of care.
- Ensure that appropriate copies of the prenatal record are at the hospital during the intrapartum period.
- Ensure that intrapartum records are at the outpatient site for postpartum visits.

## Case Conferencing

### WHY

The case conference creates a synergy among providers that supports the client in making changes in her life and reaching her goals.

### WHAT

The purpose of case conferencing is for CPSP providers and practitioners to work together as a multidisciplinary team to develop or adjust a client's ICP throughout her pregnancy.

As the pregnancy evolves, the client's strengths, weaknesses, and priorities need to be reconsidered in order to provide her with opportunities for successfully following her care plan.

### HOW

- Organize
  - Set a fixed time and date for the case conference.
  - Have the client's chart available at the case conference.
- Collaborate
  - Facilitate cooperation by involving all team members.
  - Ask each team member to be ready to discuss 2-3 clients with complex conditions.
- Take risks
  - Be creative in looking for approaches to solving problems.
- Communicate
  - Share perspectives and expertise in addressing a problem.
  - Document the plan of action agreed upon by the team in each client's chart.
- Follow through
  - Assign responsibility for follow-up to ensure accountability.
- Encourage and praise
  - Celebrate all accomplishments.



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### Monitoring Quality of Care

#### WHY

A CPSP provider might want to develop a quality monitoring program in order to:

- Improve client outcomes: healthy mothers delivering healthy, normal weight babies is the CPSP goal
- Provide culturally competent services: translation of materials, interpretive services, training, and protocols that reflect cultural diversity of clients
- Ensure audit protection: the provider is at risk of audit exception if staff are not documenting the services being billed
- Provide cost-efficient services: to ensure billing for maximum reimbursement and to determine the most efficient use of staff
- Meet regulatory requirements: the provider may be associated with an organization, such as a hospital or managed care plan, that requires a formal quality assessment program

The CPSP provider who takes the time to formally organize a quality monitoring program and builds incrementally will have a successful program that will ultimately improve clients' health and well-being.

#### WHAT

"Quality assurance" or "quality improvement" are processes a CPSP provider can use to ensure delivery of quality perinatal services that meet CPSP program requirements.



Guidelines for establishing a program to monitor the quality of CPSP services delivery are provided on the following page.

#### *Quality Assurance (QA)*

Refers to a process of setting standards of performance, then measuring performance against the standard. It focuses on individual performance and is a retrospective approach.

#### *Quality Improvement (QI)*

Refers to a process of setting standards of performance, then developing a plan to attain those standards. It focuses on the process of care rather than individual performance and is a prospective approach.

#### HOW

The success of any quality monitoring program is dependent on the support of all staff, from the medical provider to the Certified Public Health Worker (CPHW) to the front office person. The provider, especially, must be willing to support any proposed changes identified as a result of this process.



### Guidelines for Establishing a Quality Assurance Plan

To establish a quality monitoring program, take these steps.

1. Identify a QA/QI lead staff person.

This person is responsible for developing and implementing the program. A wide variety of individuals may be appropriate for this task. Generally, someone who is at the practice site a majority of the time, and who is willing and interested in taking on this commitment, is the best choice. Time outside of other duties will be required.

2. Establish a QA/QI committee.

The first task of the QA/QI lead is to establish a committee to assist in developing and implementing the program. In a small, solo-provider practice this may include everyone on staff. In larger practices, representation of the various staff employed (i.e., an RN, CPHW, front office staff, etc.,) should be included.

3. Develop a quality assurance plan.

The first task of the QA/QI committee is to develop a quality monitoring plan which outlines the specifics of the program. Monitoring can be approached in two ways:

- Focusing on CPSP compliance  
Use a review form to review charts and note whether or not a client has received a service.
- Evaluating the quality of care  
Select an aspect of care, such as prenatal care, nutrition, health education, or psychosocial, and monitor whether services are delivered in accordance with CPSP standards.

Merely selecting an aspect of care, monitoring it, and developing a plan to address issues identified usually does not result in an ongoing, structured program with findings that can be tracked over time.

Both approaches have advantages and disadvantages. Focusing on compliance provides audit protection, but does not evaluate quality of care. It also can be time consuming. Evaluating quality of care takes less time, but has a narrower focus.

4. Use findings to improve service.



A sample format for developing a quality assurance plan is provided in the Tool Kit beginning on page 7-53.



A sample Individual Chart Review Tool is located in the Tool Kit beginning on page 7-55.



The PSC can help create and implement a quality monitoring program.

Whichever monitoring approach is chosen, use the findings to focus on problems within the system, rather than on whether or not individuals are doing their jobs.

For example, it is easy to find fault with the performance of a CPHW who records a client's weight on the prenatal record, but does not plot it on the weight gain grid. However, systems causes should be considered. Perhaps as a part of her orientation this responsibility was not made clear to her; or she knew the weights were supposed to be on the grid but thought it was the nurse practitioner's responsibility; or she was told it was her responsibility but she has never charted on a grid before and was too embarrassed to ask how it was done. Using a systems approach, the provider would review job orientation procedures to ensure new employees receive the training necessary to perform their jobs.

The PSC can help the quality monitoring team develop a program. The PSC can assist in implementation of the program by completing full or partial chart reviews. The purpose of such reviews is not to implement sanctions, but to assist the provider in implementing a quality CPSP program. Chart review allows the PSC to identify areas where the provider may benefit from technical assistance. They may also point out missed billing opportunities. When the same issues are present for a number of providers it may suggest a topic for a CPSP round table training sponsored by the PSC in your county.



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### Maintaining Your CPSP Practice

#### Making Changes to the CPSP Provider Application

A change in ownership and/or Medi-Cal number requires completion of a new CPSP application form.

A provider is certified to deliver CPSP services based on the review and approval of information contained in the CPSP application. Any proposed changes to the information provided in the application must be submitted for approval to the PSC who will evaluate them for compliance with CPSP regulations. This includes changes in the following areas:

- Staff
- Address
- Primary contact person
- Forms used, including assessments and the ICP
- Hospital for planned delivery
- Care delivery arrangements

Forms may be obtained from your local PSC.

If possible, submit the proposed changes to your PSC 30 days before the effective date.

If the proposed changes comply with regulations, the PSC will issue written approval of the changes. If they do not comply, the PSC will provide assistance in bringing them into compliance.

Once the PSC approves the changes, he or she will forward the changes that require State approval to the California Department of Public Health for final approval.

*If a provider decides to terminate provision of CPSP services for any reason, notification should be given to the PSC. The PSC will notify the California Department of Public Health to “end-date” the application.*



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## 04! MEDI-CAL ELIGIBILITY

You can help your low-income, pregnant clients achieve the comprehensive perinatal care critical to having a healthy baby by facilitating the Medi-Cal application process.

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Helping CPSP Clients Obtain Medi-Cal.....	5
Guide to Medi-Cal Eligibility .....	9



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### Medi-Cal Programs for Pregnant Women and Infants



Financial assistance to help low-income pregnant women pay for CPSP is available through California's Medi-Cal program. To participate in CPSP, a pregnant woman must be eligible for Medi-Cal.

#### Presumptive Eligibility Program

The Presumptive Eligibility (PE) Program allows specified providers to provide low-income pregnant clients with immediate, temporary ambulatory prenatal care, pending formal Medi-Cal application.

The PE provider determines if a client is eligible for the program by verifying her pregnancy, having her sign a declaration of California residency, and comparing her monthly income to a poverty level screening chart. If the client is eligible, the PE provider:

- Issues the client a PE card
- Refers her to the county welfare department to formally apply for Medi-Cal
- Reports her eligibility to the Department to establish an eligibility record

The PE card can then be used to get ambulatory prenatal care services from any Medi-Cal provider.

To continue in the PE Program, the client must apply for Medi-Cal at the county welfare department (or out stationed clinic site) by the end of the month following the month in which she is declared presumptively eligible. She should use the application for Medi-Cal given to her by her PE provider as it includes the pregnancy verification. The application the client receives from the PE provider is the PREMED 2.

PE allows the provider to bill and receive payment for the initial prenatal care services, including CPSP assessments and interventions, without waiting for formal Medi-Cal approval. Even if the client fails to apply for Medi-Cal, or is deemed ineligible, the services provided during the PE period are reimbursable.

#### Income Disregard Program

Medi-Cal's Income Disregard Program covers pregnant women and their infants up to the age of one year whose family countable

To become a PE provider, call the Medi-Cal Health Access Program (HAP) line at 1-800-541-5555.



income does not exceed 200 percent of the federal poverty level. Coverage under the Income Disregard Program does not involve a share of cost.

An eligible pregnant woman may receive prenatal, labor, delivery, and postpartum care (including family planning). Infants who are undocumented may only receive Medi-Cal coverage for services of an emergency nature. All other infants up to the age of one may receive full medical care.

The pregnant woman whose family income exceeds 200 percent of the federal poverty level may also be eligible for Medi-Cal, however, she will have to pay for part of her medical care. She may also be eligible for low-cost (non-Medi-Cal) pregnancy care through the Access for Infants and Mothers (AIM) program.

### **Continued Eligibility**

Pregnant women, and infants born to Medi-Cal eligible pregnant women, are entitled to Continued Eligibility until the end of the postpartum period and the infant's first year of life as long as other criteria are met. Increases in income are disregarded for these individuals.

Also, infants born to Medi-Cal eligible women are deemed eligible for one year as long as they continue to live with the mother. No application or Social Security number is needed until the infant's first birthday.

### **Property Disregard Program**

The Property Disregard Program allows pregnant women and their infants with income at or below 200 percent of the federal poverty level to be eligible for Medi-Cal benefits without meeting a property test. Effective March 1, 1998, certain low-income children under age 19 also qualify for Property Disregard.

This means that when an otherwise eligible pregnant woman, infant, or child under age 19 applies for Medi-Cal, and they have countable property beyond the limits allowed by Medi-Cal, the value of their property will be disregarded and eligibility will be granted.

Under Property Disregard, pregnant women are eligible for pregnancy-related services only. Infants up to one year of age and children up to age 19 receive either full-scope or emergency services, depending on their eligibility status.

## Helping CPSP Clients Obtain Medi-Cal

Take these steps to help your clients obtain Medi-Cal.

- Be knowledgeable about Medi-Cal eligibility requirements and the application process.
- Tell your client what documents she must have to apply for Medi-Cal. Provide a copy of the Applying for Medi-Cal Benefits information sheet shown on pages 7-63 and 7-64 in the Tool Kit section of this handbook.
- Include the address and phone number of your local Medi-Cal office, or the nearest Medi-Cal application site, on the information sheet.
- Emphasize that the Medi-Cal application process will be likely to move more quickly if she:
  - Tells the eligibility worker she is pregnant
  - Shows proof of pregnancy, including due date and signature of a physician, nurse practitioner, midwife, physician assistant, or designated medical or clinic personnel
  - Shows proof of identity
  - Shows proof of California residency
  - Provides evidence of income and property if she has any (or simply income, if she is low-income and applying for pregnancy benefits only)
- Explain retroactive Medi-Cal benefits to your clients when applicable. If a client receives medical services in the month she applied for Medi-Cal or during the prior three months she may be eligible for retroactive Medi-Cal benefits and should ask her eligibility worker.



### Helping CPSP Clients Keep Medi-Cal

Medi-Cal eligible pregnant clients are eligible for Continued Eligibility which protects them from getting a Share of Cost (SOC) or an increase in the SOC throughout their pregnancy and postpartum period. If the pregnant woman and/or her infant under one year of age are the only family members receiving Medi-Cal, she does not have to file a quarterly status report with the county social services. However, pregnant women whose family also receives Medi-Cal are required to send these quarterly reports.

Call the local PSC for information about PCG.

Ongoing orientation and reminders by the CPSP provider and/or staff can help these women stay eligible.

Some county health departments have Prenatal Care Guidance (PCG) Program staff who can help women who have difficulty with Medi-Cal services during pregnancy.

### The Medi-Cal Application Process

1. The client contacts the local county welfare department, a prenatal clinic with a Medi-Cal outstation, or a Presumptive Eligibility provider to get a Medi-Cal application.
2. The client submits the completed application (effective July 1, 1998, California's new combined Healthy Families/Medi-Cal application or the SAWS 1) and Statement of Facts (MC 210) to the county welfare department. The application the client gets through the PE provider is the PREMED 2 (noted previously).
3. A face-to-face interview with the county eligibility worker (EW) is not required if only the pregnant woman and/or her children under 19 are applying for Medi-Cal. If other family members are applying, the EW will schedule a face-to-face interview with the applicant within 30 days of the application date to explain eligibility requirements.
  - Medi-Cal benefits available under the program
  - Confidentiality
  - Availability of family planning services, WIC, child health and disability prevention programs, and social services
  - Possibility of quality control review



See Applying for Medi-Cal client checklist on page 7-63 in the Tool Kit.



- Availability of Medi-Cal prepaid health plans
- Client's right to a State hearing, reporting responsibilities, and responsibility to report and use other health coverage
- Requirements to furnish Social Security number, to apply for Medicare if eligible, and to apply for unconditionally available income

4. The Medi-Cal eligibility worker:

- Verifies information provided by the applicant
- Determines the Medi-Cal program under which the applicant or family may be eligible
- Provides the applicant with the required forms and calculates the SOC, if any

5. The county informs the applicant of the determination results through a Notice of Action.

A woman who has a share of cost for pregnancy services, or who is low-income but not eligible for Medi-Cal, may be eligible for Access for Infants and Mothers (AIM). This is a low cost health insurance program for pregnant women and their infants. Call 1-800-433-2611 for more information.

Applicants and beneficiaries have a right to a State hearing concerning any decision about their Medi-Cal eligibility or SOC.

If the Medi-Cal application is approved, the applicant can request retroactive benefits, for any or all of the three months preceding the month of application at any time up to one year from the month in which the service was incurred.



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### Guide to Medi-Cal Eligibility

The county Department of Social Services is always the best source for answers to questions about Medi-Cal eligibility.

#### Who is eligible for Medi-Cal?

People receiving benefits under various other public assistance programs may be entitled to Medi-Cal. A county EW can provide this information.

##### *Medical Assistance Only Program*

A person who is not in one of the public assistance groups may be Medi-Cal eligible under the Medically Needy (MN) or Medically Indigent (MI) program.

These programs provide assistance for certain groups of people who have health insurance coverage, but who can not pay all their medical expenses. To be eligible for one of these programs, certain criteria must be met such as California residency and property requirements.

##### *Other*

There are a few other ways a person may qualify for Medi-Cal coverage. Your county Medi-Cal EW can make that determination.

What are the California residency requirements?

To be eligible for Medi-Cal benefits, a person must meet the following residency requirements:

- Be a resident of California at the time of application
- Provide proof of residency such as rent or mortgage receipts, utility bills, California vehicle registration or driver's license, proof of child's enrollment in school, or a State ID card

#### What are the Medi-Cal benefits?

##### *Full Scope of Benefits*

All the services which are covered by Medi-Cal may be received by persons who meet the eligibility criteria and who are:

- U.S. citizens
- Lawful permanent residents

- Aliens permanently residing (in the U.S.) under color of law (PRUCOL aliens)

### *Restricted Services*

Benefits are restricted to treatment of an emergency medical condition and to pregnancy-related services for the prenatal, labor and delivery, and postpartum services for aliens who are not in one of the groups listed above, but who meet all eligibility criteria.

### *Minor Consent Services*

A person who is a “child” for Medi-Cal purposes (under 21 years of age with certain exceptions) may apply for Medi-Cal services without county welfare staff contacting the parents for their consent or for consideration of the parents’ property and income. Such benefits include pregnancy-related services, family planning, STIs, mental health counseling, alcohol and drug abuse, and sexual assault.

## **How does a person receive Medi-Cal services?**

Most Medi-Cal beneficiaries receive a permanent plastic California Benefits Identification Card (BIC). The BIC does not guarantee Medi-Cal eligibility. A doctor, pharmacy, hospital, or other medical provider uses the card to determine if someone is Medi-Cal eligible at the time of service.

Medi-Cal beneficiaries who receive PE, Minor Consent Services, and those beneficiaries in “immediate need” receive a paper card.

Some services must be approved by State Medi-Cal consultants before they are performed. A provider should arrange for such approvals when necessary.

A beneficiary must understand how to use the Medi-Cal card since, if it is used incorrectly, the beneficiary may have to pay for the services. The Medi-Cal EW can explain how to use the card.

## **Is a Medi-Cal beneficiary responsible for any medical expenses?**

If countable income exceeds a certain amount, called a Maintenance Need (MN), the person will have to pay or agree to





pay the excess amount toward the medical expenses before Medi-Cal will begin to pay. This is called a share of cost (SOC).

The Medically needy (MN) and Medically Indigent (MI) SOC is for a one month period of time. The SOC must be met for each month in which the client has excess income and has medical services. After the SOC is met, Medi-Cal begins to pay the bills.

### **What if the person owns property?**

There are property limits for most MN and MI. The home (or former home if the person is absent but intends to return), personal items, household goods, and one motor vehicle are not counted. Real property other than the home with the net market value of \$6,000 or less is exempt if the property is producing a net income of at least six percent of the net market value per year. Other real and personal property can be worth up to \$2,000 limit for a single person, \$3,000 for two, and more for larger families. An unborn child is counted as a person so, for example, a pregnant woman living alone has a property limit equivalent to that of two persons.

As long as the value of the property is within the property limits at any time during the month for which the person wants Medi-Cal, the person meets the property limits for the month.

### **What if the person has other health insurance coverage?**

Private health insurance coverage does not affect a person's eligibility for Medi-Cal. However, private health insurance must be billed before Medi-Cal. Providers are informed through provider bulletins of the requirements for billing private health insurance before billing Medi-Cal.

Under California and federal law, if a person is eligible for Medi-Cal benefits and has private health insurance coverage, the private health insurance information must be reported to the county welfare department and to the health care provider. The person must inform the county EW:

- If any family member has, or can get, other health insurance coverage with a private insurance carrier/company



See page 4-4 for information about the Property Disregard Program for certain low-income pregnant women, infants, and children.



- When the other health coverage is through the person's employer, union, or a group or organization
- Within 10 days any time the other health coverage changes
- About any court order, such as a divorce judgment or temporary support order, which makes the other parent of her child responsible for providing health insurance
- To give the medical provider any information needed to bill the non Medi-Cal health insurer

Willful failure to follow these requirements is a misdemeanor.

# 05

## BILLING AND REIMBURSEMENT



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## Fee-for-Service Reimbursement



PSP providers are able to receive reimbursement for the cost of delivering CPSP. In order to bill Medi-Cal for CPSP services, you must apply to be a CPSP provider and your application must be approved by

the Maternal and Child Health Division California Department of Public Health. Claims for CPSP services provided are submitted to Medi-Cal's fiscal intermediary, Electronic Data Systems (EDS); both paper and electronic methods for billing are used.

To receive these reimbursements, the enhanced services provided must be accurately documented in the client's record following CPSP and Medi-Cal guidelines. Accurate documentation helps ensure that services provided are billed and reimbursed and reduces the risk of audit exception.

## Services Reimbursed in CPSP

### *Obstetric Services*

Reimbursement for obstetric services is the same for all Medi-Cal providers. Obstetric services can be billed globally (at one time for antepartum, care, delivery, and postpartum care), or on a per visit billing basis. However, to bill globally, a provider must render total obstetric care. Providers may not bill a global fee if the beneficiary transfers care during pregnancy.

### *Bonuses*

In addition to standard obstetric reimbursement, CPSP offers the following bonuses:

- Early Entry Into Care – \$56.63 may be reimbursed when a client's first obstetric visit occurs within 16 weeks from the last menstrual period (LMP).
- 10th Antepartum Visit – \$113.26 may be reimbursed when the 10th antepartum visit is provided. This additional amount can be billed only once per patient per pregnancy, even if obstetric care is billed globally.

If the client declines support services, the provider may still bill for the early entry into care and the 10th visit bonuses if clear documentation exists in the client's medical record that the services were offered and refused.



Reimbursement for case coordination is included in billing code Z6500 Initial Combined Assessment and Case Coordination (includes nutrition, health education, and psychosocial assessments and development of care plan). Case coordination cannot be billed separately.



See **Steps to Take** for more information on documenting CPSP services.

### *Client Orientation*

Client Orientation must be provided in a face-to-face individual encounter and may include initial orientation as well as ongoing orientation to tests, procedures, referrals, etc. An initial orientation may occur prior to the client's initial comprehensive obstetric exam. Services are reimbursed at a rate of \$33.64 per hour.

### *Nutrition, Health Education, and Psychosocial Support Services*

Support services include: face-to-face individual nutrition, health education, and psychosocial assessments, antepartum and postpartum reassessments, and individual or group interventions. These services are billed in 15-minute increments, with the exception of initial assessments. Individual services are reimbursed at a rate of \$33.64 per hour and group services are reimbursed at \$11.24 per hour, per patient, up to 27 hours.

### *Case Coordination*

A one-time case coordination fee of \$85.34 is available when initial assessments and care plans in nutrition, health education, and psychosocial are completed within four weeks of the comprehensive obstetric visit. The initial comprehensive obstetric exam must be provided prior to billing code Z6500, which includes the case coordination fee.

### *Prenatal Vitamin and Mineral Supplements*

A 300-day supply of vitamins and minerals may be dispensed as medically necessary. CPSP providers are reimbursed \$30 once all 300 vitamins are dispensed.

## **Guidelines for Documenting CPSP Services**

All CPSP services must be documented in the client's medical record and should include the following:

- A brief description of the service(s) provided
- A signature of the person providing the service, including their position title (i.e., CPHW)
- The date the service was provided

- The length of time (in minutes) service was provided face-to-face with the client
- Client refusal of any assessment, intervention, treatment, or referral offered or advised

## Documenting CPSP Support Services

### *Orientation*

Document all orientation topics covered or reference a standardized orientation protocol. It is advisable to retain a signed copy of the patient's rights and responsibilities.

### *Individual Nutrition, Health Education, and Psychosocial Services*

All individual services are billable only if completed face-to-face with the client. Individual services reimbursed include initial assessment, care plan development, antepartum and postpartum reassessments, and interventions. Document the following in the client's record:

- Include the date, time in minutes in each notation of services provided, and the signature and title of the practitioner.
- Record initial assessments and reassessments on the approved forms. Initial assessments must be at least 30 minutes for each support service discipline. If initial assessments are billed using code Z6500, documentation must show that all assessments were completed within 4 weeks of the initial comprehensive obstetric examination.
- Complete and update the care plan on the approved form.
- Document all interventions on the client record.
- Ensure that all completed and dated forms are in the client record.
- Fill in the blanks of all forms with the appropriate response ( i.e., N/A, client refused, etc.).



### *Group Nutrition, Health Education, and Psychosocial Services*

Two or more CPSP clients comprise a group. Reimbursement is available for face-to-face encounters only, for instance, a provider may receive reimbursement for education provided by a video if a CPSP practitioner is present with the clients. The following documentation is needed for group CPSP services:

- Maintain outlines identifying the class/group content (these may be part of the protocols).
- Include the date, topic, and name of the instructor on client sign-in sheets.
- Record attendance at the session in each client's record including the elapsed time (in minutes) of the session.
- Retain the sign-in sheet and the group intervention outline. They must be available to auditors if requested.

### *Prenatal Vitamin and Mineral Supplements*

Record the date that vitamins were dispensed and the amount of vitamins dispensed. The CPSP provider may bill for vitamin mineral supplements when all 300 are dispensed.

### *Guidelines for Treatment Authorization Request*

Include a Treatment Authorization Request (TAR) with the billing for support services which exceed the limits identified in CPSP regulations. TARs requesting additional services must be completely filled out and include the following:

- Expected Date of Delivery (EDD)
- Clinical findings of the high-risk factors involved in the pregnancy
- Explanation of why the basic CPSP services will not be sufficient
- Description of the services being requested
- Length of visits and frequency with which the requested services will be provided
- Anticipated benefit or outcome of additional services



**11% Medi-Cal Increase for CPSP Fiscal Year 2000-2001**

For a current list of service codes and reimbursement rates, refer to the most recent edition of the Medi-Cal Provider Billing Manual available online at: [www.Medi-Cal.ca.gov](http://www.Medi-Cal.ca.gov).

For billing questions, contact the Provider Support Center/ The Health Access Program (HAP) at 1-800-541-5555.

The local PSC can also help with billing questions.

Service Code	Descriptor	Former Rate	New Maximum Rate
Z1032 Z0134 Z0138	<b>Obstetric Services</b> Initial comprehensive visit Antepartum office visit Postpartum visit	\$111.52 53.40 53.40	\$126.31 60.48 60.48
Z6210	<b>Prenatal Vitamin/Mineral Supplements</b> 300 day supply	36.00	39.96
Z1032-ZL Z1036	<b>Bonuses</b> Early entry 10 <sup>th</sup> and subsequent antepartum visits	50.00 100.00	56.63 113.26
Z6500	<b>Initial Combined Assessment and Case Coordination</b>	122.37	135.83
Z6200	<b>Nutrition–Individual</b> Initial nutrition assessment and development of care plan, first 30 minutes	15.16	16.83
Z6202	Initial nutrition assessment and development of care plan, each subsequent 15 minutes	7.58	8.41
Z6204	Follow-up antepartum reassessment/treatment/intervention, each subsequent 15 minutes	7.58	8.41
Z6208	Postpartum assessment/treatment/intervention and development of care plan	7.58	8.41
Z6206	<b>Nutrition–Group</b> Antepartum nutrition education/treatment/assessment/intervention	2.53	2.81
Z6300	<b>Psychosocial–Individual</b> Initial psychosocial assessment and development of care plan, first 30 minutes	15.15	16.83
Z6302	Initial psychosocial assessment and development of care plan, each subsequent 15 minutes	7.58	8.41
Z6304	Reassessment/treatment/intervention, each subsequent 15 minutes	7.58	8.41
Z6308	Postpartum assessment/treatment/intervention and development of care plan	7.58	8.41
Z6306	<b>Psychosocial–Group</b> Antepartum psychosocial treatment/assessment/intervention	2.53	2.81
Z6400	<b>Health Education–Individual</b> Client orientation, each 15 minutes	7.58	8.41
Z6402	Initial health education assessment and development of care plan, first 30 minutes	15.16	16.83
Z6404	Initial health education assessment and development of care plan, each subsequent 15 minutes	7.58	8.41
Z6406	Follow-up antepartum reassessment/treatment/intervention, each subsequent 15 minutes	7.58	8.41
Z6410	Perinatal education	7.58	8.41
Z6414	Postpartum assessment/treatment/intervention, care plan development	7.58	8.41
Z6408	<b>Health Education–Group</b> Health education assessment/treatment/intervention	2.53	2.81
Z6412	Perinatal education	2.53	2.81

All rates are published online at [www.Medi-Cal.ca.gov](http://www.Medi-Cal.ca.gov). Click on “Physician rates”. CPSP codes are included in these rates.

For claim lines previously paid at the lower rate, providers will be automatically paid for the difference retro to August 2, 2000, and do not need to resubmit. Please refer providers to a special provider bulletin, Updated Information, published December 2000, if they want written confirmation that the retro payments will be made without the need to re-submit. The bulletin states that the new rates will be on the Internet under [www.Medi-Cal.ca.gov](http://www.Medi-Cal.ca.gov). You can read the December 2000 Provider Bulletin online. The retro payments will take several weeks to process, due to a large volume.

### Medi-Cal Obstetric Rates

*Fiscal Year 2000-2001*

Service Code	Descriptor	Former Rate	New Rate Primary Surgeon	New Rate Assistant Surgeon
59400	Global OB with vaginal delivery	\$961.20	\$1,088.56	\$186.23
59409	Vaginal delivery only	480.60	544.28	186.23
59510	Global OB with cesarean delivery	961.27	1,088.56	186.50
59514	Cesarean delivery only	480.64	544.72	186.50
59525	Hysterectomy after cesarean delivery	211.15	239.09	36.97
59610	Global OB with vaginal delivery (VBAC)	961.20	1,088.56	186.23
59612	Vaginal delivery only (VBAC)	480.60	544.28	186.23
59618	Global OB with cesarean delivery (VBAC unsuccessful)	961.20	1,088.56	186.23
59620	Cesarean delivery only (VBAC unsuccessful)	480.64	544.72	186.50

#### *Billing for CPSP Services*

Avoid delays or problems in Medi-Cal reimbursement for CPSP services by following these billing procedures.

- Only a direct client contact constitutes a reimbursable service. A telephone contact is not a reimbursable service. Refer to your Medi-Cal provider manual for specific billing instructions and claim examples.



Service codes for Medi-Cal reimbursable services are listed on page 5-7.

Billable time for nutrition, health education, and psychosocial support services is calculated in 15-minute units.

- Provide a service before billing for it.
- Submit billing for a CPSP service no later than six months subsequent to the month in which the service was provided to receive the maximum reimbursable, allowable amount if all other criteria are met.
- Bill for CPSP support services (health education, nutrition, and psychosocial) on a per visit basis; they cannot be billed globally. Obstetric services, however, may be billed globally by the provider who provides antenatal care and performs the delivery.
- Use the correct service code. Refer to these sources for up-to-date service codes, rates of reimbursement, and specific criteria for billing.
  - *Medi-Cal Provider Billing Manual*  
Keep your Medi-Cal Provider Billing Manual up to date. Monthly updates are sent out to providers.
  - *Medi-Cal Provider Billing Seminar Syllabus for OB/CPSP*  
This syllabus, published by the Department of Health Care Services and Medi-Cal fiscal intermediary, can be obtained at an OB/CPSP provider billing seminar. Call 1-800-541-5555 for Medi-Cal billing information and billing seminars.
- Calculate billable time for CPSP support services at the rates identified below. A client must be seen for at least 8 minutes for a service to be billable.

Minutes	Units	
0 - 7	0	(not payable)
8 - 22	1	
23 - 37	2	
38 - 52	3	
[and so on]		

### *Billing for Out-of-clinic Services*

As of December 18, 1991, CPSP providers who are either hospital outpatient departments or clinics may receive reimbursement for OB and CPSP services rendered outside of the clinic location. These include medical visits provided in a physician's office or group health education provided in high school auditoriums and mobile vans operated by clinics. The service should be billed on the UB92 form with indication of a place of service (POS) 7.



### *Billing for Preventive In-home Services*

Billing for in-home services by International Board Certified Lactation Consultants (IBCLC) are allowed ONLY if they are a licensed practitioners such as an LVN, RN, LCSW, etc. Services provided must occur during the prenatal and postpartum period covered by CPSP and be listed in their Scope of Practice (<http://www.iblce.org/upload/downloads/ScopeOfPractice.pdf>).

### *Billing for Treatment Rooms*

Treatment room charges are not reimbursable for CPSP services, however, they may be reimbursable for certain physician services. Specific billing instructions can be found in the Medi-Cal Provider Billing Manual.

## Getting Help With Medi-Cal Billing

To make Medi-Cal billing easier, the Medi-Cal fiscal intermediary processes claims and offers these services to certified CPSP providers.

### *Provider Support Center*

1-800-541-5555

The Provider Support Center (PSC) operators can answer your questions regarding:

- Medi-Cal billing policies and procedures
- Unclear Provider Manual information
- Correct completion of claim forms, claims inquiry forms (CIFs), appeal forms, and resubmission turnaround documents (RTDs)
- Claims denials
- CIF appeal and over-one-year claim status

### *Health Access Program (HAP) Hotline*

1-800-541-5555

Trained billing specialists can answer questions, summarize claims in process, and follow up on billing problems. OB representative specialists can assist you with special billing problems. You can also request an on-site visit from your regional field representative.

### *Small Provider Billing Unit*

To reach the Small Provider Billing Unit, dial the HAP hotline at 1-800-541-5555, press 0 and ask the operator to connect you with extension 1275.

This is a free, full-service billing assistance program for providers with low claim volumes. However, providers must apply for permission to use this line. It is available to only a limited number of providers at any one time.

### *Billing Seminars*

There are seminars that cover Medi-Cal's obstetric and CPSP billing and reimbursement policies. Watch your monthly bulletins for date, time, and location of billing seminars.



## BILLING AND REIMBURSEMENT

In addition to the above resources, Internet access to Medi-Cal information and the Medi-Cal Provider Manual is available at [www.Medi-Cal.ca.gov](http://www.Medi-Cal.ca.gov).



Standard fee-for-service Medi-Cal service limits apply to services provided in the FQHC or RHC setting. The scope of coverage for Medi-Cal services is set by the Welfare and Institutions Code, Sections 14132, et seq. and Title 22 California Code of Regulations.

### Federally Qualified Health Centers and Rural Health Clinics

Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) are two types of Medi-Cal providers that establish their reimbursement for client services by filing annual cost reports.

FQHCs were added as a Medi-Cal provider type in response to the Federal Omnibus Budget Reconciliation Act of 1989. Services provided by FQHCs to Medi-Cal recipients are reimbursed at 100 percent of reasonable cost. Federal law generally defines FQHC services the same as those offered by RHCs.

The RHC program was created by the enactment of the Rural Health Clinic Services Act of 1977. The passage of this act extended Medicaid coverage to many isolated rural communities throughout the country which had been unable to attract or retain physicians. Federal regulations implementing the program originated from a belief that traditionally low Medicare/Medicaid reimbursement created access-to-care barriers for eligible clients residing in rural, medically underserved areas. By allowing RHCs to be paid on the basis of reasonable costs through a flat fee per visit, as opposed to payment of a services fee for each service, it was believed that provider participation would be increased and low-income clients would have greater access to care.

An International Board Certified Lactation Consultant (IBCLC) may provide offsite services, such as breastfeeding preparation classes, as a CPHW, if she does not meet the requirements of "licensed practitioners."

An IBCLC may provide in-home services ONLY if they are a licensed practitioner such as an LVN, RN, LCSW, etc. They may give comprehensive perinatal services as listed in their Scope of Practice (<http://www.iblce.org/upload/downloads/ScopeOfPractice.pdf>) during the prenatal and postpartum period covered by CPSP.

### CPSP Providers

FQHCs and RHCs that are CPSP providers can include in their cost reports (and be reimbursed for) CPSP services provided to pregnant women. This includes all CPSP perinatal support services rendered directly by approved CPSP practitioners.

In addition, as with other CPSP providers, FQHCs and RHCs can include the cost of providing offsite services, such as childbirth preparation classes, even where the service has been provided by a CPHW, a practitioner type that is not licensed under California law. FQHCs and RHCs, as with fee-for-service CPSP providers, may provide services to the client in the home as long as the service is rendered by a licensed staff operating within his or her scope of practice under State law.

### **TAR Guidelines for FQHCs and RHCs**

TARs are not used in FQHCs or RHCs. Claims for support services provided that exceed the basic allowances will not be denied for the absence of a TAR. However, FQHCs and RHCs must meet the same documentation requirements that would otherwise be necessary to obtain a TAR. Justification includes:

- Clinical finding and high-risk factors involved
- Explanation of why the basic CPSP services will not be sufficient
- Services that would have been requested; description and amount of services and time
- Anticipated benefit or result/outcome of additional services

The above information must be maintained in the client's medical record and be available for review by State staff.





### Capitated Payment/Managed Care

The State Department of Public Health is implementing a plan to have certain Medi-Cal aid-code recipients (primarily those individuals on CalWORKS) in 22 counties receive their health care through a managed care plan. Three models are being implemented: “two-plan”, geographic managed care, and county organized health systems.

Policy letter 96-01 specifies that health plans are to deliver perinatal services consistent with CPSP.

In all three models, the managed care plan has entered into a contract with the State to provide full inpatient and outpatient services, including perinatal care, for a capitated rate. This rate is paid to the plan on a per-member-per-month basis.

The Medi-Cal managed care plan is required to provide CPSP services. It is the plan’s responsibility to ensure that its contracted providers provide the CPSP services to the client. Reimbursement for these services varies from plan to plan; some plans continue to reimburse at a fee-for-service rate while others negotiate a capitated rate with the provider.

Since all Medi-Cal aid codes are not eligible for managed care, a provider in a managed care county may serve clients with Medi-Cal through both a managed care plan and Medi-Cal fee-for-service.

#### *“Two-Plan”*

In counties with a “two-plan” system, beneficiaries can choose care from 2 plans. These 2 plans may be:

- 2 commercial plans
- or
- a commercial plan and a local initiative

Commercial plans are health maintenance organizations (i.e., Blue Cross, HealthNet, Molina) selected through competitive bid. Local initiatives are developed by elected and government officials, providers, and community-based organizations. The county with two commercial plans is Fresno. The counties listed below have both a commercial plan and a local initiative:

- |                |                  |               |
|----------------|------------------|---------------|
| ■ Alameda      | ■ Riverside      | ■ Santa Clara |
| ■ Contra Costa | ■ San Bernardino | ■ Stanislaus  |
| ■ Kern         | ■ San Francisco  | ■ Tulare      |
| ■ Los Angeles  | ■ San Joaquin    |               |



### *Geographic Managed Care*

In the following counties, multiple commercial plans have been selected to provide health services:

- Sacramento
- San Diego

### *County Organized Health Systems*

In the following counties, the entire county is organized into one health care system:

- Monterey/Santa Cruz
- San Luis Obispo/Santa Barbara
- Solano/Napa
- Orange
- San Mateo

# 06

## COMMUNITY RESOURCES



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## Working with the Perinatal Services Coordinator



roviding clients with CPSP services involves a team effort and careful coordination. The PSC is an important resource you can call on to help make it happen.

PSCs also work with the local Maternal Child and Adolescent Health Director to implement the **MCH Year 2000**

**Objectives.** Contact the local coordinator for a copy of this document.

The PSC is a public health professional with expertise in nursing, nutrition, health education, or social work who can provide the following assistance.

### *Information and Education*

- Provide information about the needs of the eligible population in your county and CPSP requirements.
- Give updates on topics related to provision of CPSP services via roundtable sessions and/or newsletters.
- Provide in-services or other trainings .

### *CPSP Provider Application*

- Meet with prospective providers to discuss the purpose and philosophy of CPSP, regulations, models of implementation, and resources available to the provider.
- Review applications and make recommendations for approval/denial.
- Review and make recommendations for application changes and inform State officials of inactive providers.

### *Consultation and Technical Assistance*

- Provide assistance to providers and managed care plans regarding CPSP services.
- Identify qualified support service consultants.
- Consult with high-risk care service providers regarding CPSP services.
- Assist providers in incorporating specialized assessments/interventions such as smoking cessation, breastfeeding, and domestic violence.
- Assist provider in identifying causes of billing problems.



A weblink to a list of local Perinatal Services Coordinators is provided on page 6-5.

### *Quality Assurance/Improvement*

- Visit providers periodically to assess, maintain, or improve the quality of CPSP services.
- Assist providers in improving documentation to support billing and avoid audit exception.
- Assure appropriate care by identifying high-risk care resources and advocating for their appropriate use.

### *Tools*

- Ensure that providers have updated materials and resources.
- Make available sample assessment, care plan, and protocol models.
- Inform providers of health education resources.
- Identify and inform providers about community referral resources.



### **Perinatal Service Coordinators**

All counties have a PSC. Use this weblink to find the PSC in your county: [www.cdph.ca.gov/programs/CPSP/Pages/CPSPPerinatalServicesCoordinators.aspx](http://www.cdph.ca.gov/programs/CPSP/Pages/CPSPPerinatalServicesCoordinators.aspx)



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Ask your local PSC for assistance with referrals.

### **Referring Clients for CPSP Mandated Services**

CPSP providers must refer clients, when appropriate, to services not specifically included in CPSP. These services must include, but are not limited to:

- Women, Infants, and Children Supplemental Nutrition Program (WIC)
- Genetic screening
- Dental care
- Family planning
- Well Child Care (Child Health and Disability Prevention Program-CHDP)

### **Women, Infants, and Children (WIC) Supplemental Nutrition Program**

WIC serves women, infants, and children by providing nutrition education, breastfeeding support, partnerships to health care services, and nutritious foods to eligible families. WIC is a prevention program providing services in every county in California through more than 80 local agencies. California's WIC Program is 100% federally funded and serves more than one million individuals each month.

The following services are provided to eligible women, infants, and children up to five years old:

- Nutrition and health education
- Breastfeeding promotion and support
- Nutritious supplemental foods
- Referrals to health care and social services

More than 70 evaluation studies have demonstrated positive health benefits from receipt of WIC services. The documented successes of the WIC Program include:

- Improved access to prenatal care and adequate prenatal care
- Improved prenatal weight gain and dietary intake of pregnant women
- Lowered infant mortality rate by 25 to 66 percent
- Fewer low birth weight and very low birth weight babies
- Improved breastfeeding rates among WIC mothers by 10 to 25 percent



- Improved children's diets and intake of important nutrients
- Improved language and memory scores among four and five year olds
- Improved immunization rates among infants and children

Integration of WIC services with health care services benefits the entire community.

### *Who Should Be Referred to WIC?*

- Category

Persons in the following categories may be eligible for WIC services:

- Women who are pregnant, breastfeeding up to one year after delivery, and non-breastfeeding women up to six months after delivery
- Infants from birth to one year of age
- Children one to five years of age

- Income

All women, infants, and children receiving Food Stamps, Aid to Families with Dependent children (AFDC) or CalWORKS benefits meet the income eligibility criteria for WIC. Nearly all Medi-Cal and CHDP beneficiaries are income eligible for WIC. In addition, many working families with moderate incomes may also be eligible for WIC. For example, a family of four can have an income close to \$30,000 and still qualify.

- Income and Health Indicators

The WIC Program determines an applicant's nutritional need based on information provided by the health care provider and the client.

- Pregnant and Breastfeeding Women

Federal regulations specify that pregnant and breastfeeding women and infants be given the highest priority for program enrollment.

Call 1-888-WIC-WORKS  
(1-888-942-9675) to locate  
the WIC Program nearest  
the client's home.



### *How to Refer to WIC*

Please advise your clients who are referred to WIC that they must provide the WIC Program the following information at enrollment:

- Income verification including any of the following:
  - Adjunctive eligibility documentation: Medi-Cal Benefits card, AFDC receipt or CalWORKS, Food Stamp card
  - Other income documentation: pay stubs, income tax forms, unemployment benefit card
- Residence verification including but not limited to current: utility bill, rent receipt, bank statement, etc.
- Personal identification including but not limited to current: driver's license, Medi-Cal Benefits Identification card, birth certificate, immunization record, school identification card, California Identification card, other documents.

Health care providers should provide the following to the applicant or the WIC Program in time for the enrollment appointment:

- Documentation that the participant is receiving CPSP services along with identification (name, address and phone number) of the CPSP provider.
- WIC referral form or other form that documents the following:
  - Anthropometric data (height, current weight, pregravid weight)
  - Biochemical data (hemoglobin or hematocrit)
  - Expected date of delivery (EDD)
  - Any current medical conditions

The individual may enroll in the WIC Program without the complete information from the health care provider. However, all of the above data **MUST** be recorded within 60 days prior to enrollment at the WIC Program (or 90 days in the case of bloodwork). If it is not, WIC staff is required to disqualify the patient from receiving WIC benefits. Local WIC Programs encourage providers to work with them to facilitate the exchange of health information.

## Genetic Screening

California law requires that providers screen women and infants for genetic disorders. Providers must obtain a detailed family history of genetic disorders, mental retardation, and birth defects from all pregnant women. A family history form for obtaining this information is available from ACOG.

Screening for the following genetic diseases, common in specific ethnic groups, is recommended when applicable:

- Hemoglobinopathy screening in women of African, Asian, SE Asian, Middle Eastern, and Mediterranean descent
- Tay Sachs screening in women of Eastern European Jewish descent

Similarly, all providers are required to discuss and offer Alpha Fetoprotein (AFP) screening to all pregnant women in their care who are seen by the 20th completed week (140 days) of pregnancy, counting from the first day of the last normal menstrual period. This program screens for neural tube and other birth defects.

Newborn screening must include: phenylketonuria (PKU), sickle cell anemia, galactosemia, and primary congenital hypothyroidism.

### *Resources for Genetic Screening*

- A family history form for obtaining a history of genetic disorders is available from ACOG.
- Information about Tay Sachs screening throughout California can be obtained by calling 1-858-495-7737.
- Obtain AFP program handbook and supplies by calling 1-510-540-2433.
- All prenatal care providers must distribute the pamphlet *Important Information For Parents* to pregnant women prior to their estimated date of delivery. Obtain free copies by calling 1-510-540-2433.
- For more information on these programs contact the Genetic Disease Branch at:  
California Department of Public Health  
Genetic Disease Branch  
George C. Cunningham, M.D., M.P.H.  
2151 Berkeley Way, Annex 4  
Berkeley, CA 94704  
(510) 540-2534

## Dental Care

Full scope Medi-Cal clients are automatically eligible for Denti-Cal, the dental component of Medi-Cal.

Refer your CPSP client to a dentist if she:

- Has not been to a dentist in the past year
- Has any children aged 3 years or older who have not been to a dentist in the past year
- Has any children with any of the following problems in or around their mouths: pain, infection, sore in mouth, bleeding gums, broken or loose teeth, or obvious decay

### *Locating Dental Referrals*

Most Child Health Disability Prevention (CHDP) programs keep lists of dentists who will accept Medi-Cal children. This is a good place to start to find dentists for your CPSP clients.

Some communities have publicly funded dental clinics. Call your local dental society or health department for information.

Locate dentists in private practice in the telephone Yellow Pages (look under “Dentists”) or by calling the local dental society.

Seek out newly established dentists who may not be members of the dental society. They may be more likely to accept new clients or to make special payment arrangements for low-income clients.

To locate a participating dentist or to file a complaint about level or quality of care, advise clients to contact the Medi-Cal Beneficiary Services Unit at 1-800-322-6384.

For questions about Medi-Cal Dental coverage and claims, providers can call 1-800-423-0507.

## Family Planning

The CDPH Office of Family Planning (OFP) implemented a new program in January 1997 designed to increase access to clinical family planning services. The Department’s Family P.A.C.T. (Planning, Access, Care, and Treatment) Program offers comprehensive family planning services to men and women whose income equals or falls below 200 percent of the federal poverty level and who have no



other confidential reproductive health care coverage.

Services offered include contraceptive counseling, pregnancy testing, female and male sterilization, limited infertility services, reproductive health counseling and education related to contraceptive methods, as well as screening and treatment for sexually transmitted infections, HIV testing and counseling, and screening for breast and cervical cancer.

Reimbursement to program providers is based on Medi-Cal comparable rates. Billing is done on a fee-for-service basis on the same claim form used to bill Medi-Cal. Family Planning and related services can be provided by enrolled CPSP providers, clinics, private practice, and licensed Medi-Cal providers (such as nurse practitioners and nurse midwives), as well as former OFP contractors.

Provider enrollment in Family P.A.C.T. is simple. For additional information, inquiries should be made to the HAP Hotline at 1-800-541-5555.

Locate agencies with family planning services in the telephone Yellow Pages under "Family Planning Information Centers."

### **Child Health and Disability Prevention Program**

The CHDP offers a full range of health assessment services including physical examinations, immunizations, laboratory tests, vision and hearing, and other tests. Services also include annual dental care for Medi-Cal eligible children, three years of age and over, provided by dentists participating in the Denti-Cal program.

The CHDP program reimburses public and private providers for complete health assessments for the early detection and prevention of disease and disability for:

- Medi-Cal eligible children and youth from birth through age 20
- Children participating in Head Start and State preschool programs
- Non-Medi-Cal eligible persons from low income families from birth through age 18

The CHDP program is administered and financed by the Department of Health Services (DHS) and operated by local health departments. Every county health department in the State operates a CHDP program.



Use the Community Resource Referral Checklist on page 6-15 to develop a site-specific referral list.

## Developing Referral Resources

CPSP providers may need to help clients find resources for assistance extending beyond the scope of the CPSP services at their site. Most likely, a CPSP client is handling other issues in her life in addition to her pregnancy. When appropriate, a CPSP provider should help a client get necessary assistance by providing referrals to community agencies. Check with your local PSC to see if a list is already developed.

### *Developing a Referral List*

- Develop and maintain a list of community services appropriate for client referrals. Include the following information for each service:
  - Type of service
  - Location
  - Contact person, phone
  - Brief description of the service and cost
- Check the accuracy of referral information and update it periodically.

### *Locating Referral Agencies*

- Contact these community agencies for information about the services they provide:
  - United Way
  - Catholic Services
  - YWCA
  - Planned Parenthood
  - Economic Opportunity Commission
  - March of Dimes
  - Parental stress agencies
  - Child care referral agencies
  - Local health and social services departments
- Check the AT&T “Smart Yellow Pages” Community Access Pages for possible referral agencies. Some headings to review include:
  - Immigrant and Refugee Services
  - Victim Assistance



- Pregnancy/Family Planning Services
- Child Care
- Drug Abuse
- Hotlines

### *Making Client Referrals*

- Track client referrals. Note when a referral is recommended, and for what reason.
- Develop a system to follow through on completed referrals.
- Develop an agreement with the referral agency to promote coordinated care when appropriate (i.e., WIC, CHDP).



### Community Resource Referral Checklist

Develop a community resource referral list to provide clients with referrals to needed services if your site does not provide the service. Include the following types of community services:

#### *Health Department*

- ☐ Prenatal Care Guidance Program (some counties)
- ☐ Black Infant Health Program (some counties)
- ☐ Immunizations
- ☐ Tuberculosis services
- ☐ Human Immunodeficiency Virus (HIV) testing programs
- ☐ Sexually Transmitted Infection services
- ☐ Family planning services
- ☐ Public Health Nurses
- ☐ Tobacco education
- ☐ CHDP

#### *Classes and Support Groups*

- ☐ Pre- and post-natal exercise programs
- ☐ Childbirth preparation classes
- ☐ Infant care class
- ☐ Breastfeeding classes/support group
- ☐ Parenting classes
- ☐ Pregnancy/infant loss; SIDS support group
- ☐ Child safety classes
- ☐ CPR and first aid course
- ☐ Child abuse prevention and intervention groups

#### *Substance Treatment*

- ☐ Smoking cessation program
- ☐ California Smoker's Help Line 1-800-NOBUTTS (call for other languages)

- ☐ Recovery and 12-step programs (Alcoholics Anonymous, Narcotics Anonymous)
- ☐ Perinatal substance addiction services and programs

### *Teen Pregnancy*

- ☐ Pregnant and parenting teen programs
- ☐ Adolescent Family Life programs

### *Education/Literacy*

- ☐ Literacy and English as a Second Language programs
- ☐ Adult education/General Education Degree programs
- ☐ Community colleges

### *Basic Needs*

- ☐ Emergency resources: food, maternity and baby clothes, baby furnishings, utilities
- ☐ Women's shelter; domestic violence hotline
- ☐ Housing office
- ☐ WIC

### *Transportation*

- ☐ Ride services
- ☐ Car seat loan program

### *Low Cost Health Insurance*

These are programs for low-income pregnant women and their children not eligible for Medi-Cal.

- ☐ AIM 1-800-433-2611
- ☐ Healthy Families 1-888-747-1222

## Additional Perinatal Related Referrals

### Prenatal Care Guidance Program

The Prenatal Care Guidance (PCG) program was developed jointly by Primary Care and Family Health, and the Medi-Cal Policy Division as part of the Department of Health Services' effort to improve access to obstetric care in California.

The program's primary objective is to reduce the number of pregnant Medi-Cal women receiving late or no prenatal care. The long range goal is a reduction in the number of low birth weight babies.

Required program components in PCG are:

- Coordination with local CPSP and other outreach services to avoid duplication and share resources
- Outreach activities to inform pregnant women, target groups, and the agencies that provide services to them of:
  - The need for early prenatal care
  - The Medi-Cal application process
  - The availability and sources of prenatal care
- Follow-up of high-risk targeted Medi-Cal eligible women to assist them in beginning and continuing prenatal care and assist them in obtaining immediate preventive medical care for the baby through CHDP

### Perinatal Outreach and Education Program

The Perinatal Outreach and Education Program (POE), initiated as a result of the Tobacco Tax and Health Protection Act of 1988, was intended to promote anti-tobacco education and outreach activities for the Medi-Cal population. The comprehensive perinatal outreach program, established by the State Department of Health Services, permits the state to contract with county health departments to provide perinatal program coordination, patient advocacy, and expanded access services for low-income pregnant and postpartum women, as well as women of childbearing age.

The POE program provides case finding and care coordination activities to targeted at-risk women, stressing early continuous prenatal care, assessment of tobacco use, and referral to resources to avoid the negative effects of tobacco use, secondhand smoke

and other substances that increase the risks of poor pregnancy outcomes. POE and PCG programs are administered by the local Maternal and Child Health Program.

### **California Diabetes and Pregnancy Program (CDAPP)**

CDAPP, also known as Sweet Success, uses standardized assessments and protocols to improve the reproductive health of women with diabetes (both preexisting and gestational) during both the pregnancy and preconceptional periods. Regional CDAPP teams, funded by a federal Title V block grant, are used to train obstetric providers in the use of the Sweet Success program guidelines and to improve the referral patterns for specialist and subspecialist care when appropriate. For the client, the Sweet Success program will help her:

- Follow her meal plan
- Exercise, as advised by her physician
- Test blood sugars
- Manage stress

The Sweet Success program has been shown to improve pregnancy outcomes and reduce health care costs for women with diabetes and their infants; their services are also available to non-Medi-Cal women and members of Kaiser Permanente Southern California. The Sweet Success teams are located in 10 of the 12 Regional Perinatal Programs. If you need assistance in locating your regional team in order to refer clients or want additional information about becoming a Sweet Success provider, contact your PSC.

### **Black Infant Health Program**

Black Infant Health (BIH) programs aim to impact the devastatingly high infant mortality rate in the African-American community through innovative community-based strategies designed to modify high-risk behavior such as smoking, alcohol, and drug use, while promoting healthy behavior and improving access to health care services. The BIH Leadership Committee has been established by the director of CDPH to address a broad range of health issues. The committee members represent a wide variety of public and private sector disciplines and indigenous community programs. Strategies include various ways to encourage and assist pregnant women and



their families to obtain and maintain perinatal care for themselves and their infants. The BIH programs, as well as the Indian Health programs, provide essential outreach services to high-risk groups who commonly have significant barriers to services.

### **Indian Health Program Clinics**

The State Indian Health Program (IHP) promotes comprehensive medical, dental, and outreach services by funding clinics which provide quality services. Local clinics serve California American Indians both on reservations and in urban settings. Most clinics provide prenatal obstetric care and many are CPSP providers. In addition, many clinics have mental health services, drug and alcohol counseling, parenting classes, and social activities which respect the Native American culture. Clinics can provide or refer to traditional health or spiritual practitioners to complement medical prenatal care. Tribal clinics (on reservations) usually serve particular Indian communities and their families. Urban clinics are usually open to all American Indians as well as the general population. Tribal organizations and clinics are listed in the phone book “yellow” pages and the local public health department can assist in locating available American Indian services and organizations.

### **Adolescent Family Life Program**

Adolescent Family Life Program (AFLP) is a comprehensive family-centered, community-based service that is available to pregnant adolescents and teen parents who enter the program at age 17 or younger. Teen fathers or expectant fathers through age 19 whose participation in case management will have a positive effect on the family unit are also eligible for enrollment. Over 13,000 pregnant and parenting teens aged 17 or younger have received AFLP services in the last five years. Approximately 13 percent of all live births to teens in California each year receive these services.

AFLP provides an important connection between the health care system and a teenager who may not be prepared to manage the responsibilities of parenthood. By providing that connection, the program serves as a crucial preventive service for adolescents. The intended outcome of case-managed care for pregnant and parenting teens is to prevent the cycle of dependency that frequently results with early pregnancy and to give adolescents



the support and skills necessary to become productive and contributing members of our society.

There are six stated program goals:

1. To improve health outcomes for infants
2. To encourage teen clients to stay in school or re-enroll in school
3. To reduce the incidence of repeated pregnancy
4. To monitor levels of Aid to Families with Dependent Children (AFDC) and Medi-Cal utilization
5. To provide continuous case management to clients to access needed services
6. To involve the adolescent father in the program

The services provided in AFLP are delivered through the case manager who assures access to the following services: pregnancy testing, education on parenthood, primary and preventive medical services, pediatric health care for infants and children of teen clients, nutrition assessment and counseling, health education, psychosocial services, academic and vocational services, infant and child care, parent training, transportation, referral and placement, adoption counseling, and legal services. These services are provided to give needed assistance and promote the goal of a self-supporting lifestyle.

### **For More Information**

To find out if there is a CDAPP, PCG, BIH, AFLP or IHP in your community, contact your local health department's PSC for information on how to access those that are available.



## **CPSP Training Opportunities**

To assist CPSP providers in delivering high quality, comprehensive perinatal services, the MCAH Division of the California Department of Public Health sponsors training to improve the knowledge and skills of health care practitioners who serve CPSP clients.

Call your local PSC for more detailed information.



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This chapter includes examples of State assessment and care plan forms. To obtain reproducible originals of these forms and other sample tools, please contact your PSC (see pages 6-5 through 6-7 for a list of PSCs by county).

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## Tool Kit



### *Initial Assessments*

- Nutrition Initial Assessment Requirements Checklist
- Health Education Initial Assessment Requirements Checklist
- Psychosocial Initial Assessment Requirements Checklist
- Instructions for Completing Initial Combined Assessment form
- Example State Initial Combined Assessment form
- Annotated State Initial Combined Assessment form
- Instructions for Completing State Assessment Risk/ Strength Summary
- Example State Assessment Risk/Strength Summary



### *Reassessments*

- Example State Combined Reassessment form



### *Postpartum Assessment*

- Example State Combined Postpartum Assessment form



### *Individualized Care Plan (ICP)*

- Instructions for Completing the Example ICP form
- Example State ICP form



### *Interventions*

- Guidelines for Developing CPSP Enhanced Services Protocols
- CPSP Protocol Worksheet
- CPSP Enhanced Services Protocol Checklist

### *Monitoring and Maintaining Quality of Care*

- Developing a Quality Monitoring Plan
- Individual Chart Review Tool
- Individual Chart Review Summary

### *Applying for Medi-Cal*



## Nutrition Initial Assessment Requirements Checklist

Use this checklist to develop or adapt your own initial assessment procedures, protocols, or forms.

### Anthropometric

- ☐ Take the woman's height and weight at the initial visit. Ask the client about her pre-pregnant weight and weight history, and document.
- ☐ Plot pregnancy weight gain correctly on the appropriate weight gain grid according to the woman's pre-pregnant weight and height.

### Biochemical

Assess and document:

- ☐ Hemoglobin, hematocrit to screen for nutritional anemia
- ☐ Blood glucose and urine tests to screen for gestational diabetes and impaired glucose tolerance, and other pregnancy complications
- ☐ Other laboratory tests as indicated and/or available, such as albumin, mean corpuscular volume (MCV), etc.

### Clinical

- ☐ Review the medical record for nutrition related medical conditions and document.
- ☐ Note the client's blood pressure.
- ☐ Note any clinical observations of poor nutrition status such as poor teeth, mouth sores, etc.

### Dietary

- ☐ Complete a nutrition questionnaire to include, but not be limited to, the following topics: appetite; eating habits; special diets; food allergies and intolerances; pica, fluid intake, nutrient supplements; caffeine, alcohol, drug, or tobacco use; food access and food assistance (including WIC); socioeconomic; traditional and/or cultural factors; and infant feeding plans.
- ☐ Conduct a 24-hour dietary food recall or food frequency, and evaluate for adequacy of food intake.



See **Steps to Take** for in-depth information on completing the nutrition assessment.

**Breastfeeding**

- ☐ Assess the woman's breastfeeding experience, interest, and educational needs.
- ☐ Encourage breastfeeding and inform client and family of breastfeeding benefits, resources for breastfeeding support, and information.



## Health Education Initial Assessment Requirements Checklist

Use this checklist to develop or adapt your own initial assessment procedures, protocols, or forms.

### Current Health Practices

To obtain an impression of the client's current health practices, ask questions about:

- ☐ Tobacco use
- ☐ Use/misuse/abuse of alcohol, medications, herbal remedies, other drugs
- ☐ HIV risk behaviors
- ☐ Rest, sleep, and exercise patterns
- ☐ Home, auto, and work safety habits
- ☐ Knowledge and use of preventive health care/medical services, dental hygiene and dental visits, use of family planning/child spacing decisions or plans
- ☐ Other health practices determined significant by the provider

### Prior Experience with and Knowledge of Pregnancy, Prenatal Care, Delivery, Postpartum Self-Care, Infant Care, and Safety

Assess prior perinatal experience and knowledge of pregnancy by reviewing with the client:

- ☐ Her strengths: what she's learned and/or previously experienced or practiced that is beneficial and can be reinforced
- ☐ Gaps in knowledge, skills, or experience and behaviors which are potentially harmful
- ☐ If she has had previous pregnancies, her personal experiences and understanding of what prenatal care consists of, including self-care
- ☐ Any past experience with labor and birth, and postpartum self-care
- ☐ Successes and/or difficulties with infant care and safety, feeding, and parenting other children
- ☐ Her personal, child, and family safety knowledge and practices such as auto safety restraints for herself and her children and storage of hazardous products and medications
- ☐ If she works, her work safety knowledge and practices

### Prior Experience with Health Care Delivery Systems

Assess the client's prior experience with health care systems by determining:

- ☐ If she has recently immigrated or moved from another area, what is her experience with local health care services/systems, or have knowledge or perceptions requiring clarification
- ☐ If she is an established client, her familiarity with the provider setting and her past history and practices utilizing services
- ☐ Her experience accessing and using other care providers; knowledge of services for her general health, dental health care, family planning, or other health/medical care needs
- ☐ Her familiarity and past uses of emergency care services, the delivery hospital and pediatric, and well baby care providers/services

### Client's Expressed Learning Needs

To understand the client's interests and learning needs:

- ☐ Suggest classes that she may take and list topics and/or skills she can learn about based on the educational resources available
- ☐ Allow the woman an opportunity to indicate if she has learning needs or interests not listed
- ☐ Provide the opportunity at future encounters for the client to express her learning needs and interests, especially for those women uncomfortable or unfamiliar with expressing their needs

### Formal Education and Reading Level

Talk with the client to ascertain the following information:

- ☐ The grade level she has attained, high school graduation may indicate functional comprehension skills, but is not necessarily an indicator of reading ability
- ☐ If she is in school presently or will be during the pregnancy; does her school schedule conflict with prenatal care or participation in CPSP services
- ☐ If she has educational goals to further her education; does she need information or referrals to local programs/schools (pregnant minor or CaLearn programs, GED programs, community colleges, vocational/career counseling, etc.)

- ☐ Reading ability by asking her to read a selected passage or ask her to self-report if she has difficulty reading. If she feels she is able to understand health information from reading, ask what kind of reading material she prefers
- ☐ If she has very low reading skills or is illiterate, identify an appropriate support person to assist her with written instructions; ask if she is interested in a referral to the local literacy program

### **Languages Spoken and Written**

Evaluate and determine whether the client:

- ☐ Is able to read in her spoken language
- ☐ Is multilingual; in which language does she prefer to read or receive education
- ☐ Should be followed by particular staff members who can provide services and/or information in her language
- ☐ Has an interest in referrals to health education classes in her language (if available), EL classes, or local cultural-ethnic support organizations
- ☐ Has a family member or support system to assist her, if needed, in understanding information provided (care must be taken that this person is reliable and appropriate and is included in the verbal instructions the client receives)

### **Learning Methods Most Effective for Client**

Ask the woman if she learns from various instructional methods such as:

- ☐ Viewing films, videos
- ☐ Listening to audio tapes
- ☐ Reading pamphlets, self-help guides, books
- ☐ Practicing new skills following a demonstration
- ☐ Using instructional posters, drawings, diagrams, pictures, illustrations, flip charts
- ☐ Attending support groups and classes
- ☐ Attending individual education sessions
- ☐ Using learning games or other activities

### Disabilities Which May Affect Learning

Determine with the client whether:

- ☐ An apparent disability poses a barrier or challenge to her ability to access or participate in CPSP services
- ☐ “Hidden” disabilities or impairments such as a learning or hearing disorder, vision problems, or emotional conditions will affect her learning and/or participation in educational activities or CPSP services
- ☐ Accommodations can be made for her maximum participation and access to services if a disability is apparent or disclosed
- ☐ She is knowledgeable about and/or interested in referral to community services, advocacy or support organizations

### Client and Family/Support Person(s) Motivation to Participate in Education Plan

Determine with the client and, when available and appropriate, her support person:

- ☐ The interest and motivation of the father of the baby in supporting her to change or adopt habits, attend health education classes, or appointments
- ☐ Interest and motivation of others to participate or assist and support the client as she changes or adopts new habits, attends health education classes or appointments
- ☐ If she smokes, or uses drugs or alcohol, is she interested/motivated to quit, to seek assistance, or does she want information to help her alter her habits
- ☐ Will the father of the baby, or someone in her family or social system, help and support the client through difficult changes and adoption of new behaviors and patterns for successful smoking cessation, drug, or alcohol abstinence (This may not be the same person with whom she will attend childbirth or infant care classes/instruction.)
- ☐ If she is not motivated to attend classes, will she want individual or small group opportunities to learn



## Religious and Cultural Factors

The CPSP assessment considers:

- ☐ Religious and cultural practices which contribute to perinatal well-being
- ☐ Religious and cultural factors that present risks or a need for alternative therapies or advice
- ☐ Issues affected by religious practices such as dietary restrictions (no meat, no dairy products, kosher diet), strong opposition to education about or recommendation to use contraception/ birth control, medical treatments using human tissue or blood (transfusions, Rhogam), and therapeutic abortion

## Mobility/Residency

Assess the following factors:

- ☐ Does she or the father of the baby have a transient lifestyle; are they migrant or seasonal workers, live in a labor camp, motel, temporary housing; or homeless?
- ☐ Does she have means of transportation (her own car, lives near buses, depends on others to get around)? Will a transportation problem affect her participation in CPSP services?
- ☐ If she is an immigrant, how long has she been in U.S., and living in the community?
- ☐ When was the last time she moved? If she has recently moved, does she need information about community resources?
- ☐ If she plans to move during this pregnancy, will she be able to do so safely? Will she need to transfer to another provider? Will the move affect her access to health care?
- ☐ If she is a teen, is her residence stable (Moved away or been rejected by parents, moves from one residence to another—boyfriend, friends, relatives, foster homes, etc.)?

## Education Needs Related to Diagnostic Impressions, Problems, Needs, and Risk Factors

Review the client medical chart and nutrition and psychosocial assessments. Note diagnostic impressions or needs staff have identified which may impact her learning or participation in health education programs and, with the woman, assess her educational needs in relation to:



- ☐ Risk factors such as age, late entry into care, close parity, no rubella immunity, and secondhand smoke and other exposures.
- ☐ Obstetric risk factors such as previous preterm labors, perinatal loss and other medical obstetric risks
- ☐ Chronic conditions such as diabetes, hypertension, or other conditions for which health education may be needed
- ☐ Acute conditions such as a sexually transmitted infection (STI), urinary tract infection, or other conditions for which health education may be needed
- ☐ If she works or has a hobby that might expose her to hazards such as pesticides, other chemicals, tobacco smoke; lifting, bending; standing or sitting for long periods; or other hazards about which the client has concerns or needs information



## Psychosocial Initial Assessment Requirements Checklist

Use this checklist to develop or adapt your own initial assessment procedures, protocols, or forms.

### Current Status Including Social Support System

- ☐ Identify significant others and the quality of their support and problem solving skills.
- ☐ Identify sources of tangible resources available to the client for solving material problems.
- ☐ Aid the client in identifying her support system.
- ☐ Encourage the client to get support from people and systems.
- ☐ Provide counseling for the client and support persons to resolve difficulties in the relationship.
- ☐ Supplement support where necessary and monitor its maintenance.
- ☐ Evaluate how social support will influence the client's psychological adjustment to the pregnancy.

### Personal Adjustment to Pregnancy

- ☐ Acknowledge her feelings and support her in resolving conflicting responsibilities and relationships.
- ☐ Assess the impact that any current adjustments or past pregnancy history may have on this pregnancy.
- ☐ Provide emotional support and coping skills concerning any fears and anxieties.
- ☐ Assess if this pregnancy is unwanted or if abortion/adoption is seriously considered.
- ☐ Provide required services referrals.

### History of Previous Pregnancies

Collaborate with the client to gain the following information:

- ☐ Does the client express fears about her own health or the health of the fetus?
- ☐ Is she anxious about the use of anesthesia during delivery?
- ☐ Is there a history of abortion and is this troubling her?

- ☐ Is there a history of miscarriage?
- ☐ Is there a history of adoption or foster care; what is the reason for out-of-home placement?

### **Wanted or Unwanted Pregnancy**

- ☐ Assess whether the client is experiencing persistent or involved feelings regarding her pregnancy.
- ☐ Assess whether the client is unable to cope with the stress manifested by unwantedness of the pregnancy.

### **Acceptance of the Pregnancy**

- ☐ Encourage the client to verbalize concerns and feelings of ambivalence.
- ☐ Evaluate the client's and partner's feelings about pregnancy.
- ☐ Review the following issues: planned or unplanned, consideration of abortion/adoption, feelings of mother vs. father, feelings of families of origin, timing of pregnancy, increased needs for physical/financial/ emotional support, and fear of maternal/fetal complications.

### **Client's Goals for Herself in the Pregnancy**

- ☐ Discuss how the client's goals and plans may affect her approach and commitment to her pregnancy.
- ☐ Ask the client to make suggestions regarding changes she feels she can accomplish.

### **General Emotional Status and History**

- ☐ Identify events and/or factors in the client's psychosocial history that may relate to her ability to care for her pregnancy.
- ☐ Review the client's mental health history to identify any barriers to care.
- ☐ Identify history of mental illness, mental health treatment/hospitalization, unresolved grief/significant loss, suicidal ideation indicated by verbal threats, extreme depressed states, or history of previous suicide attempts.
- ☐ Identify any inability to take care of personal needs or handle single tasks.

- ☐ Identify any inability to bond or care for the infant, and possibilities for potential abuse or neglect of self or infant.
- ☐ Identify any feelings of aloneness, isolation, or inadequacy.
- ☐ Provide referrals and assist with linkage to essential community agencies for emotional and mental health needs.

### **Substance Use and Abuse**

- ☐ Review the client's drug history, including the age at which substance use was initiated, type of chemicals used, the frequency, and amount of drugs used.
- ☐ Review the client's medical history and current status, such as substance abuse-related infectious diseases (including STIs), medical emergencies, and recent illnesses or injuries.
- ☐ Review the client's current mental health history, including previous treatment for substance abuse, and possible family history of substance abuse.
- ☐ Review the client's criminal or delinquency history, including drug involvement at the time of prior arrests, history of offenses that may be related to income-generating crimes, or expressive behaviors associated with the effects of certain types of drugs.
- ☐ Review drug history of partner/peers.
- ☐ Review the client's educational history, including enrollment in or completion of education programs, attendance records, identified learning disabilities, and behavior problems at school. This information is particularly important for juveniles.
- ☐ Review the client's employment history, including attendance problems, and any reasons for termination.
- ☐ Determine whether the client is receiving services from other agencies, or might be eligible for services.

### **Housing/Household**

- ☐ Assess how long the client has lived in the area.
- ☐ Determine history of transiency.
- ☐ Assess support systems and knowledge of the community.
- ☐ Assess the client's concerns about safety in the house or in the neighborhood.
- ☐ Determine household composition.

- ☐ Determine whether any of the children live elsewhere.
- ☐ Assess for inadequate adult supervision of children in the household.
- ☐ Assess for homelessness. If homeless, determine if the client will stay in an emergency shelter.
- ☐ Assess for inadequate food supply.
- ☐ Determine if the client's living situation allows for the refrigeration and preparation of food.
- ☐ Assess whether the client has access to a telephone.

### Education

- ☐ Determine level of schooling completed.
- ☐ Assess for current/future education goals.
- ☐ Determine whether the client has dropped out of school because of the pregnancy.

### Employment

Collaborate with the client to gain the following information:

- ☐ Is the client currently working or has she worked in the past; is she employable?
- ☐ If she is working, is she exposed to job stress and/or toxins at work?
- ☐ Does she have flexibility in her job; is there jobsite support for self-care?
- ☐ Will the client return to her job following the birth?
- ☐ Does she have realistic child care plans?
- ☐ Is she eligible for unemployment compensation?

### Financial and Material Resources

- ☐ Assess the client's current financial situation to identify any barriers to her ability to participate in the CPSP program.
- ☐ Determine if she is eligible for CalWORKS, WIC, or food stamps.
- ☐ Identify any transportation needs.
- ☐ Identify any child care needs.
- ☐ Assess for availability and variety of foods.

## COMPREHENSIVE PERINATAL SERVICES PROGRAM

### Initial Combined Assessment

#### Instructions for Use

The Initial Combined Assessment (CDPH 4455) is designed to be completed by any qualified CPSP practitioner, as defined in Title 22, Section 51179.7.

#### *PURPOSE:*

The Initial Combined Assessment (ICA) tool permits the CPSP practitioner to access the client's strengths and identify her needs in the areas of nutrition, psychosocial, and health education. This information along with the information from the initial obstetric assessment is used, in consultation with the client, to develop an ICP. The ICA is ideal for those practice settings in which one CPSP practitioner (versus a team of practitioners, each with their own areas of expertise) is responsible for completing the client's initial assessment. However, it does not preclude discipline specialists from providing needed services to the client.

#### *PROCEDURES/PROCESS:*

The ICA is designed to be administered by a qualified CPSP practitioner and not self-administered.

1. Familiarize yourself with the assessment questions and the client's medical history before completing the assessment.
2. The interview setting should be private and ideally have access to a phone.
3. At the beginning of the assessment, explain to the client that the purpose of the interview is to identify problems which may be of concern to her and to assist in their resolution.
4. Explain the confidentiality of the assessment process. Clarify that as a health practitioner you are legally required to report information regarding child or elder abuse/neglect and in some circumstances, domestic violence.
5. Focus on the client, do not read the questionnaire word-for-word. Engage the client in conversation about herself, family and environment and use this opportunity to establish rapport and gain information for the assessment.
6. Inform the client you will write notes while you are conducting the assessment.
7. Sensitive questions should be approached in an accepting, straightforward manner. Most clients are willing to answer, especially if they understand why the question is being asked. Explain that her responses are voluntary, and she may choose not to answer a specific question.
8. Ask open-ended questions and respond to answers in a non-judgment manner. Be aware of your voice, body language, and attitudes.
9. If the client has limited English-speaking abilities and you are not comfortable speaking her preferred language, arrange, if possible, to have another staff member with those language capabilities complete the assessment. If such a person is not available, the practice should have the ability to make use of community interpreting services on an as-needed basis. As a last resort the client may be asked to bring

someone with her to translate; it is not appropriate to use children to translate. Telephone translation services should only be considered as a last resort for very limited situations.

10. When the assessment is completed, pay particular attention to the answers that are shaded, they are ones most likely to need interventions and/or be included on the Individual Care Plan. Generally they will require follow up questions by the practitioner to determine the actual need and appropriate intervention. Answers to non-shaded responses and/or open-ended questions are important in that they provide additional information about the client's strengths, living situation, and resources that will be important to consider when developing a care plan.
11. At the completion of the interview, summarize the needs that have been identified, and assist the client in prioritizing them. Work with her to set reasonable goals on the care plan.

### *DOCUMENTATION*

- Make sure all questions are answered. If the question does not apply, write "N/A" (not applicable); if the client declines to answer, so note.
- All notes and answers on the assessment should be legible.
- All problems identified during the assessment should indicate some level of follow up that may range from a problem noted on the Individualized Care Plan to notations on the assessment form and/or narrative that indicate immediate intervention provided or that the issue is not one that the client chooses to address at this time.
- All assessments should be dated and signed with first initial, last name, and title of the person completing the assessment.
- Time spent in minutes should be noted at the end of the assessment; indicate only time spent face-to-face with the client, not time spent in phone calls, charting, etc. unless the client is present during these activities.



**COMPREHENSIVE PERINATAL SERVICES PROGRAM**Name  
Birth date  
I.D. number  
EDD**INITIAL COMBINED ASSESSMENT****PERSONAL INFORMATION**

1. Your name: \_\_\_\_\_
2. Age: ☐ Less than 12 years ☐ 12–17 years ☐ 18–34 years ☐ 35 years or older
3. Place of birth: \_\_\_\_\_
4. How long have you lived in this area? ☐ Less than 1 year ☐ 1–5 years ☐ 5+ years ☐ Life
5. Do you plan to stay in this area for the rest of your pregnancy? ☐ Yes ☐ No
6. Are you: ☐ Married ☐ Single ☐ Divorced/separated ☐ Widowed ☐ Other: \_\_\_\_\_
7. Who lives with you in your home?

Name	Relation	Age	Name	Relation	Age

8. Do any of your children or your partner's children live with someone else? ☐ Yes ☐ No ☐ N/A  
If yes, explain: \_\_\_\_\_

**ECONOMIC RESOURCES**

9. Are you currently working? ☐ Yes ☐ No If yes, type of work and hours per week: \_\_\_\_\_
10. Do you plan to return to work after the baby is born? ☐ Yes ☐ No
11. Will the father of the baby provide financial support to you and the baby? ☐ Yes ☐ No
12. Are you receiving any of the following: (Check all that apply.)

	Yes	No	Needs Information/ Referral
a. WIC .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Food stamps .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. AFDC .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Emergency food assistance .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pregnancy-related disability insurance benefits .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Do you have enough clothes for yourself and your family? ..... ☐ ☐
14. Do you or others in your home skip meals due to lack of money? ..... ☐ ☐

**HOUSING**

15. What type of housing do you currently live in?  
☐ Apartment ☐ House ☐ Hotel/motel ☐ Emergency shelter ☐ Public housing  
☐ Trailer park ☐ Car ☐ Farm worker camp ☐ Other: \_\_\_\_\_

EXAMPLE

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EDD

16. Do you have the following where you live? (Check all that apply.)

	Yes	No		Yes	No		Yes	No
Tub/shower	<input type="checkbox"/>	<input type="checkbox"/>	Stove	<input type="checkbox"/>	<input type="checkbox"/>	Telephone	<input type="checkbox"/>	<input type="checkbox"/>
Electricity	<input type="checkbox"/>	<input type="checkbox"/>	Heat	<input type="checkbox"/>	<input type="checkbox"/>	Hot water	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	<input type="checkbox"/>	Cold water	<input type="checkbox"/>	<input type="checkbox"/>

17. Do you feel your current housing meets your basic needs? ☐ Yes ☐ No

18. Do you feel safe in your home? ☐ Yes ☐ No

If no, why not? \_\_\_\_\_

19. If there are guns in your home, how are they stored? \_\_\_\_\_

TRANSPORTATION

20. Will you have problems keeping your appointments? ☐ Yes ☐ No

If yes, is the problem: ☐ Transportation ☐ Child care ☐ Work ☐ School ☐ Other: \_\_\_\_\_

21. When you ride in a car, how often do you use seat belts? ☐ Always ☐ Sometimes ☐ Never

22. Will you be able to get a car safety seat for the new baby by the time it is born? ☐ Yes ☐ No

CURRENT HEALTH PRACTICES

23. Have you ever had trouble finding a doctor or getting necessary treatment for yourself or your family? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

24. Have you been to the dentist in the last year? ☐ Yes ☐ No

25. What do you do for exercise? \_\_\_\_\_ How often? \_\_\_\_\_

26. Since you became pregnant have you used any over-the-counter medications? ☐ Yes ☐ No

If yes, what? \_\_\_\_\_ How much? \_\_\_\_\_ How often? \_\_\_\_\_

27. Since you became pregnant have you used any prescription medications? ☐ Yes ☐ No

If yes, what? \_\_\_\_\_ How much? \_\_\_\_\_ How often? \_\_\_\_\_

28. In your home, how do you store: ☐ Vitamins \_\_\_\_\_

☒ Medications \_\_\_\_\_ ☐ Cleaning agents \_\_\_\_\_

29. Do you have exposure to chemicals:

a. At work? ☐ Yes ☐ No If yes, what? \_\_\_\_\_

b. At home? ☐ Yes ☐ No If yes, what? \_\_\_\_\_

c. With hobbies? ☐ Yes ☐ No If yes, what? \_\_\_\_\_

PREGNANCY CARE

30. Was this pregnancy planned? ☐ Yes ☐ No

31. How do you feel about being pregnant now? \_\_\_\_\_

32. Are you considering: Adoption? ☐ Yes ☐ No Abortion? ☐ Yes ☐ No

33. How does the father of the baby feel about this pregnancy? \_\_\_\_\_

a. Your family? \_\_\_\_\_

b. Your friends? \_\_\_\_\_

# EXAMPLE

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Birth date  
I.D. number  
EDD

34. Do you have any of the following problems now? (Check all that apply.)

	Yes	No		Yes	No
a. Swelling of hands or feet	<input type="checkbox"/>	<input type="checkbox"/>	h. Heartburn	<input type="checkbox"/>	<input type="checkbox"/>
b. Constipation	<input type="checkbox"/>	<input type="checkbox"/>	i. Backache	<input type="checkbox"/>	<input type="checkbox"/>
c. Fatigue/sleeping problems	<input type="checkbox"/>	<input type="checkbox"/>	j. Vomiting	<input type="checkbox"/>	<input type="checkbox"/>
d. Vaginal discharge/bleeding	<input type="checkbox"/>	<input type="checkbox"/>	k. Nausea	<input type="checkbox"/>	<input type="checkbox"/>
e. Varicose veins	<input type="checkbox"/>	<input type="checkbox"/>	l. Headaches	<input type="checkbox"/>	<input type="checkbox"/>
f. Hemorrhoids	<input type="checkbox"/>	<input type="checkbox"/>	m. <input type="checkbox"/> Other _____		
g. Leg cramps	<input type="checkbox"/>	<input type="checkbox"/>			

35. In comparison to your previous pregnancies, is there anything you would like to change about the care you receive?

☐ Yes ☐ No ☐ N/A Please explain: \_\_\_\_\_

36. Do you have any traditional, cultural, or religious customs about pregnancy and childbirth you would like supported?

☐ Yes ☐ No Please explain: \_\_\_\_\_

37. Who gives you the most advice about your pregnancy? \_\_\_\_\_

38. What have you been told that you think is important? \_\_\_\_\_

39. Do you use any natural or herbal remedies (example: ginseng, manzanilla, greta, magnesium, yerba buena)?

☐ Yes ☐ No If yes, what and how often: \_\_\_\_\_

40. Do you plan to have someone with you:

a. During labor? ☐ Yes ☐ No ☐ Do not know  
b. When you first come home with the baby? ☐ Yes ☐ No ☐ Do not know

41. If you had a baby before, where was that baby(s) delivered?

☐ Hospital ☐ Clinic ☐ Home ☐ Other \_\_\_\_\_

Were there any problems? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

42. Have you had any losses in past pregnancies such as:

	Yes	No		Yes	No		Yes	No
Miscarriages	<input type="checkbox"/>	<input type="checkbox"/>	Adoption	<input type="checkbox"/>	<input type="checkbox"/>	Abortion	<input type="checkbox"/>	<input type="checkbox"/>
Stillborn	<input type="checkbox"/>	<input type="checkbox"/>	SIDS	<input type="checkbox"/>	<input type="checkbox"/>			

If yes, what/who helped you get through this? \_\_\_\_\_

43. If you have had other children, are they still living? ☐ Yes ☐ No ☐ N/A

If no, please explain: \_\_\_\_\_

44. Besides having a healthy baby, what are your goals for this pregnancy? \_\_\_\_\_

45. Do you plan to use a method of birth control after this pregnancy? ☐ Yes ☐ No ☐ Undecided

If yes, what method: ☐ Birth control pill ☐ Diaphragm ☐ Norplant ☐ IUD  
☐ Foam and/or condoms ☐ Natural Family Planning ☐ Abstinence ☐ Sterilization ☐ Depoprovera

46. Have you ever had a sexually transmitted infection, such as gonorrhea, syphilis, chlamydia, herpes? ☐ Yes ☐ No

a. If yes, what and when: \_\_\_\_\_

b. Has your partner had a sexually transmitted infection? ☐ Yes ☐ No ☐ Do not know

47. Information given on HIV transmission, risk reduction behavior modification, methods to reduce the risk of perinatal transmission; counseling and referral to other HIV prevention and psychosocial services as needed; and referral for HIV testing. ☐ Yes ☐ No Initials: \_\_\_\_\_

EXAMPLE

Name \_\_\_\_\_  
Birth date \_\_\_\_\_  
I.D. number \_\_\_\_\_  
EDD \_\_\_\_\_

**NUTRITION**

48. Anthropometric data: (Complete the following.) Height \_\_\_\_\_ Current weight \_\_\_\_\_ Date \_\_\_\_\_  
☐ Prepregnancy weight \_\_\_\_\_ ☐ Normal ☐ Underweight ☐ Overweight ☐ Very overweight  
☐ Weight gain goal \_\_\_\_\_ ☐ Net weight gain \_\_\_\_\_ ☐ Adequate ☐ Inadequate ☐ Excessive  
☐ Weight gain in previous pregnancies: lbs \_\_\_\_\_ ☐ Unknown ☐ N/A ☐ Weight grid plotted
49. Biochemical data: (Complete the following.)  
☐ Blood: Date \_\_\_\_\_ Hgb/Hct \_\_\_\_\_ MCV \_\_\_\_\_ Glucose Screen \_\_\_\_\_  
☐ Urine: Date \_\_\_\_\_ (Circle) Glucose + - Ketones + - Protein + -
50. Clinical data: (Indicate if any of the following apply.)  
☐ Short pregnancy interval ☐ Anemia ☐ Diabetes: ☐ Prepregnancy ☐ Past pregnancy  
☐ Serious infection ☐ Dental disease ☐ Hypertension: ☐ Prepregnancy ☐ Past pregnancy  
☐ Hx low birth weight baby ☐ High parity (>4) ☐ Currently breastfeeding  
☐ Age 17 years or less ☐ Digestive problems ☐ Hx intrauterine growth retardation  
☐ Other medical/obstetrical problems: ☐ Past \_\_\_\_\_ ☐ Current \_\_\_\_\_
51. Do you take prenatal vitamins? ☐ Yes ☐ No Do you take iron? ☐ Yes ☐ No Other? ☐ Yes ☐ No
52. How would you describe your appetite? ☐ Good ☐ Fair ☐ Poor  
 Do you sometimes feel you can't stop eating? ☐ Yes ☐ No
53. Have your eating habits changed since you became pregnant? ☐ Yes ☐ No  
 If yes, please explain: \_\_\_\_\_
54. How many times per day do you usually eat? \_\_\_\_\_  
 Do you have questions or concerns about your weight and/or weight gain during pregnancy? ☐ Yes ☐ No  
 If yes, please list: \_\_\_\_\_
55. Have you had cravings for or eaten any of the following? (Circle all that apply.) ☐ Yes ☐ No  
 laundry starch freezer frost cornstarch clay paste plaster dirt other \_\_\_\_\_
56. Do you have any food allergies? ☐ Yes ☐ No If yes, please explain: \_\_\_\_\_  
 Are there any foods or beverages you avoid? ☐ Yes ☐ No If yes, please explain: \_\_\_\_\_
57. Are you on a special diet? ☐ Yes ☐ No  
 If yes, what kind? ☐ Weight loss ☐ Low salt ☐ Low fat/cholesterol ☐ Vegetarian ☐ Diabetic  
☐ Other: \_\_\_\_\_
58. If vegetarian, do you eat: ☐ Milk and dairy products ☐ Fish/chicken ☐ Eggs
59. How many cups of the following do you drink in a day? \_\_\_\_\_ regular coffee \_\_\_\_\_ regular tea \_\_\_\_\_ sodas
60. Who usually does the following in your home? Buys food: \_\_\_\_\_ Prepares food: \_\_\_\_\_
61. Dietary intake: (check all that apply)
- |               |               |                |                                 |                        |
|---------------|---------------|----------------|---------------------------------|------------------------|
| <b>LOW</b>    | ___ Vitamin A | ___ Vitamin C  | ___ Other fruits and vegetables | ___ Bread/grain/cereal |
|               | ___ Protein   | ___ All groups | ___ Fluid                       | ___ Milk               |
|               |               |                | ___ Iron                        | ___ Fiber              |
| <b>EXCESS</b> | ___ Fat       | ___ Sugar      | ___ Salt                        | ___ High Kcal.         |

**INFANT FEEDING**

62. If you have other children, did you breastfeed, or try to breastfeed them? ☐ Yes ☐ No ☐ N/A  
 Did you have trouble breastfeeding? ☐ Yes ☐ No How long did you breastfeed? \_\_\_\_\_
63. How are you planning to feed your new baby?  
☐ Breast ☐ Formula ☐ Both breast and formula ☐ Other: \_\_\_\_\_ ☐ Do not know

**WIC REFERRAL**

Provider signature \_\_\_\_\_

Date \_\_\_\_\_

# EXAMPLE

Name  
Birth date  
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EDD

## COPING SKILLS

64. In the past month, how often have you felt that you could not control the important things in your life?  
Have you felt that way: ☐ very often ☐ often ☐ sometimes ☐ rarely ☐ never
65. What things in your life do you feel good about? \_\_\_\_\_
66. Are you currently having any of these problems: (Check all that apply.)
- |                           | Yes                      | No                       |                              | Yes                      | No                       |
|---------------------------|--------------------------|--------------------------|------------------------------|--------------------------|--------------------------|
| a. Financial difficulties | <input type="checkbox"/> | <input type="checkbox"/> | f. Unemployment              | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Housing problems       | <input type="checkbox"/> | <input type="checkbox"/> | g. Immigration               | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Divorce/separation     | <input type="checkbox"/> | <input type="checkbox"/> | h. Legal                     | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Recent death           | <input type="checkbox"/> | <input type="checkbox"/> | i. Probation/parole          | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Illness                | <input type="checkbox"/> | <input type="checkbox"/> | j. Child Protective Services | <input type="checkbox"/> | <input type="checkbox"/> |
67. What things in your life would you like to change? \_\_\_\_\_
68. What do you do when you are upset? \_\_\_\_\_
69. What do you and your partner do when you have disagreements? \_\_\_\_\_
70. Do you ever feel afraid or threatened by your partner? ..... ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_
71. Within the last year have you been hit, slapped, kicked, or physically hurt by someone? ..... ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_
72. Have you ever been a victim of violence and/or sexual abuse? ..... ☐ Yes ☐ No
73. Have your children ever been victims of violence and/or sexual abuse? ..... ☐ Yes ☐ No
74. Have your parents been victims of violence and/or sexual abuse? ..... ☐ Yes ☐ No
75. Do you ever get depressed? ..... ☐ Yes ☐ No
76. Have you ever felt so bad you planned or attempted suicide? ..... ☐ Yes ☐ No
77. Have you ever talked to a counselor? ..... ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_
78. Would you feel comfortable talking to a counselor if you had a problem? ..... ☐ Yes ☐ No

## TOBACCO, DRUG, AND ALCOHOL USE

79. Do you smoke cigarettes? ..... ☐ Yes ☐ No  
If yes, how many cigarettes per day? \_\_\_\_\_ for how many years? \_\_\_\_\_
80. Are you exposed to secondhand smoke at home or at work? ..... ☐ Yes ☐ No
81. Are you using chewing tobacco? ..... ☐ Yes ☐ No
82. If you smoke cigarettes or chew tobacco, have you:  
☐ Considered quitting ☐ Set a definite date to quit ☐ Decided to cut down ☐ Decided not to quit at this time
83. How often do you drink alcohol (beer, wine, wine coolers, hard liquor, mixed drinks)?  
☐ Daily ☐ Weekends ☐ 1–2 times per month ☐ Rarely or never

EXAMPLE

Name  
Birth date  
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EDD

84. Have your alcohol habits changed since you got pregnant? . . . . . ☐ Yes ☐ No  
If yes how? \_\_\_\_\_
85. Are you interested in stopping or cutting down while you are pregnant? . . . . . ☐ Yes ☐ No
86. Have you ever used street drugs (marijuana, cocaine, PCP, crack, speed, crank, ice, heroin, LSD, other)? . ☐ Yes ☐ No  
a. If yes, what: \_\_\_\_\_ How often? \_\_\_\_\_  
b. Are you interested in quitting? . . . . . ☐ Yes ☐ No
87. If your partner uses drugs or alcohol, does this create problems for you? . . . . . ☐ Yes ☐ No

EDUCATION AND LANGUAGE

88. Years of education completed: ☐ 0–8 years ☐ 9–11 years ☐ 12–16 years ☐ 16+ years  
a. Are you currently enrolled in school? . . . . . ☐ Yes ☐ No ☐ N/A  
b. Will you return to school after the baby is born? . . . . . ☐ Yes ☐ No ☐ N/A
89. What language do you prefer to speak: ☐ English ☐ Other \_\_\_\_\_
90. What language do you prefer to read: ☐ English ☐ Other \_\_\_\_\_
91. Which of the following best describes how you read:  
☐ Like to read and read often ☐ Can read but do not read often ☐ Do not read

EDUCATIONAL INTERESTS

92. Do you have experience with or have you received education in any of the following topics in the past (Column A—Do you know about?), or would like additional information during this pregnancy (Column B—Would you like more information?); both columns may be marked:

TOPIC	COLUMN A Have Previous Experience/ Do You Know About?	COLUMN B Would You Like More Information?
How your baby grows (fetal development)		
How your body changes during pregnancy		
Healthy habits for a healthy baby		
What you should eat while you are pregnant		
Gaining weight in pregnancy		
What happens during labor and delivery		
What you need to know about preterm (premature) labor		
Hospital tour		
How to take care of yourself after the baby comes		
Breastfeeding		
Infant feeding		
Circumcision		
Helping your other children get ready for the new baby		
Information about car seats/passenger safety		
How to take care of your baby and keep it safe		



## EXAMPLE

Name  
Birth date  
I.D. number  
EDD

93. Will you have any difficulties (language/transportation) scheduling/attending classes? . . . . . ☐ Yes ☐ No
94. Will someone be able to attend classes with you? . . . . . ☐ Yes ☐ No  
Who? \_\_\_\_\_

95. Is there anything special you would like to learn about? \_\_\_\_\_

96. How do you like to learn new things? (Check all that apply.)

- ☐ Read ☐ Talk one-on-one ☐ Group education ☐ Pictures and diagrams  
☐ Watch a video ☐ Being shown how to do it ☐ Other \_\_\_\_\_

97. Do you have any mental, emotional, or physical conditions, such as learning disabilities, Attention Deficit Disorder, depression, hearing, or vision, that may affect the way you learn? . . . . . ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_

In developing a health education plan, also consider:

- ☐ Does the client have a medical problem or other risk factors related to pregnancy that requires education (i.e.: history of genetic disorder, diabetes, previous preterm labor, hypertension, etc.). This information may be located on the obstetric medical history form and/or question 50.

Assessment completed by:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Minutes

\_\_\_\_\_  
Title



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**COMPREHENSIVE PERINATAL SERVICES PROGRAM**Name  
Birth date  
I.D. number  
EDD**INITIAL COMBINED ASSESSMENT**  
(Annotated)**PERSONAL INFORMATION**

1. Your name: \_\_\_\_\_  
*Serves as a formal identifier in addition to providing an opportunity to determine how the client prefers to be addressed.*
2. Age: ☐ Less than 12 years ☐ 12–17 years ☐ 18–34 years ☐ 35 years or older  
*Shaded responses typically will require additional referrals: teens may be at high risk medically in addition to possible referral to AFLP/CAL LEARN; older women may need additional genetic evaluation. Refer to “Steps To Take” (STT) Guidelines: Psychosocial–Teen Pregnancy and Parenting.*
3. Place of birth: \_\_\_\_\_  
*May give some indication as to the client’s cultural background.*
4. How long have you lived in this area? ☐ Less than 1 year ☐ 1–5 years ☐ 5+ years ☐ Life  
*Individuals who have lived in an area for a short while may be less familiar with community resources and have a weaker support system.*
5. Do you plan to stay in this area for the rest of your pregnancy? ☐ Yes ☐ No  
*If the client does not intend to remain in the area she will need assistance in arranging for transfer of her care and counselling on the value of adequate prenatal care.*
6. Are you: ☐ Married ☐ Single ☐ Divorced/separated ☐ Widowed ☐ Other: \_\_\_\_\_  
*The response may give some indication of the client’s support system.*
7. Who lives with you in your home?

Name	Relation	Age	Name	Relation	Age

*This response should include all the people she lives with, not just a nuclear family. The response will give you some idea of the client’s support system, the reality of her home environment (especially important when considering referrals) and an opportunity to personalize your care by being able to refer to family members by name. Response to this question may be facilitated by having the patient complete this information on a separate piece of paper in the waiting room which can be copied into the chart.*

8. Do any of your children or your partner’s children live with someone else? ☐ Yes ☐ No ☐ N/A  
If yes, explain: \_\_\_\_\_  
*A “yes” response may give some indication of her parenting skills if children have been formally removed from the home. Children left behind as a result of migration to this country may result in grief issues. See STT Guidelines: Psychosocial–Parenting Stress, New Immigrant.*

**ECONOMIC RESOURCES**

9. Are you currently working? ☐ Yes ☐ No If yes, type of work and hours per week: \_\_\_\_\_  
*“Work” refers to paid efforts that can occur outside the home or within (child care, laundry, sewing, etc.). This information will help the assessor understand the economic resources of the family in addition to possible health risks for the client. It also provides an opportunity to discuss how long she plans to work. See STT Guidelines: Health Education–Workplace and Home Safety.*
10. Do you plan to return to work after the baby is born? ☐ Yes ☐ No  
*If yes, this is an opportunity to discuss child care plans and make referrals to community resources as appropriate.*

## EXAMPLE

11. Will the father of the baby provide financial support to you and the baby? ☐ Yes ☐ No  
*In addition to adding another piece to the client's economic picture, it also gives some indication of the father's involvement. Consider not just dollar support, but groceries, transportation, etc.*

12. Are you receiving any of the following: (Check all that apply.)

	Yes	No	Needs Information/Referral
a. WIC .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Food stamps .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. AFDC .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Emergency food assistance .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pregnancy-related disability insurance benefits .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*All clients on CPSP should be eligible for WIC and should be referred. The other items need to be individually evaluated. For assistance in making these referrals, see STT Guidelines: Psychosocial–Financial Concerns.*

13. Do you have enough clothes for yourself and your family? ..... ☐ ☐  
*If no, see STT Guidelines: Psychosocial–Financial Concerns, for suggestions of resources.*
14. Do you or others in your home skip meals due to lack of money? ..... ☐ ☐  
*If yes, keep this in mind when assessing nutritional status and also see STT Guidelines: Psychosocial–Financial Concerns, and Nutrition–Stretching Your Food Dollar, for suggestions.*

## HOUSING

15. What type of housing do you currently live in?

☐ Apartment ☐ House ☐ Hotel/motel ☐ Emergency shelter ☐ Public housing  
☐ Trailer park ☐ Car ☐ Farm worker camp ☐ Other: \_\_\_\_\_

*Shaded responses are usually indicative of inadequate housing or transiency and can have serious impact on the client's health and well-being. Suggestions for referral resources can be found in STT Guidelines: Psychosocial–Financial Concerns.*

16. Do you have the following where you live? (Check all that apply.)

	Yes	No		Yes	No		Yes	No
Tub/shower	<input type="checkbox"/>	<input type="checkbox"/>	Stove	<input type="checkbox"/>	<input type="checkbox"/>	Telephone	<input type="checkbox"/>	<input type="checkbox"/>
Electricity	<input type="checkbox"/>	<input type="checkbox"/>	Heat	<input type="checkbox"/>	<input type="checkbox"/>	Hot water	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	<input type="checkbox"/>	Cold water	<input type="checkbox"/>	<input type="checkbox"/>

*Lack of items identified in shaded responses are important to know when providing instruction regarding personal care and nutritional counseling. Lack of a telephone may have important ramifications on the client's ability to report potential complications (preterm labor, urinary tract infection, bleeding, etc.); alternate methods of communication should be identified prior to their need. See also: STT Guidelines: Nutrition–Cooking and Food Storage.*

17. Do you feel your current housing meets your basic needs? ☐ Yes ☐ No  
*Although previous questions should give the assessor a general sense of the adequacy of the client's home, this question permits the client to make her own assessment. What may seem inadequate to the assessor may not be a problem for the client.*
18. Do you feel safe in your home? ☐ Yes ☐ No  
 If no, why not? \_\_\_\_\_  
*Again, this question provides the client with an opportunity to express her own concerns and needs. In this case, "safety" refers to the environment (substandard housing, gang activity, drug-dealing, etc.) rather than domestic violence.*
19. If there are guns in your home, how are they stored? \_\_\_\_\_  
*Guns should be kept in locked storage, preferably with trigger locks. This question may also include discussion about other dangerous weapons such as knives.*

## EXAMPLE

### TRANSPORTATION

20. Will you have problems keeping your appointments? ☐ Yes ☐ No  
 If yes, is the problem: ☐ Transportation ☐ Child care ☐ Work ☐ School ☐ Other: \_\_\_\_\_  
*Important information to consider when making medical and support service appointments and for referrals.*
21. When you ride in a car, how often do you use seat belts? ☐ Always ☐ Sometimes ☐ Never  
*An opportunity to determine if a discussion of the importance and proper use of seat belts is needed.*
22. Will you be able to get a car safety seat for the new baby by the time it is born? ☐ Yes ☐ No  
*If no, this is an opportunity to determine if education is needed regarding the CA Carseat Safety laws and make referrals to local resources. See also STT Guidelines: Health Education–Infant Safety and Health.*

### CURRENT HEALTH PRACTICES

23. Have you ever had trouble finding a doctor or getting necessary treatment for yourself or your family? ☐ Yes ☐ No  
 If yes, please explain: \_\_\_\_\_  
*Difficulties with the health care system in the past may impact how the client perceives her current care and how she responds to referrals.*
24. Have you been to the dentist in the last year? ☐ Yes ☐ No  
*If no, assist client to arrange dental care (see your provider's application for dental resources). Poor dental health can seriously impact the pregnant woman from chronic infection to impaired eating ability.*
25. What do you do for exercise? \_\_\_\_\_ How often? \_\_\_\_\_  
*Regular exercise can give the client a sense of well-being and relaxation. For suggestions and cautions regarding exercise in pregnancy, see STT Guidelines: Health Education–Safe Exercise and Lifting.*
26. Since you became pregnant have you used any over-the-counter medications? ☐ Yes ☐ No  
 If yes, what? \_\_\_\_\_ How much? \_\_\_\_\_ How often? \_\_\_\_\_  
*If yes, this is an opportunity to instruct the client on the hazards of OTC medications, and an opportunity to evaluate the need for medical evaluation of the condition for which she uses OTC's. For additional suggestions see STT Guidelines: Health Education–Drug and Alcohol Use.*
27. Since you became pregnant have you used any prescription medications? ☐ Yes ☐ No  
 If yes, what? \_\_\_\_\_ How much? \_\_\_\_\_ How often? \_\_\_\_\_  
*If yes, see question 26 and make sure the medical provider is aware of this information.*
28. In your home, how do you store: ☐ Vitamins \_\_\_\_\_  
☐ Medications \_\_\_\_\_ ☐ Cleaning agents \_\_\_\_\_  
*All medications, even seemingly "mild" medications such as vitamins and iron, should be stored in a secure location, such as a locked cabinet, if there are children in the home. Purses are not considered secure. Cleaning agents should be stored in their original containers, away from food, and secure from children. Plan the client's education according to her safety knowledge and habits.*
29. Do you have exposure to chemicals:  
 a. At work? ☐ Yes ☐ No If yes, what? \_\_\_\_\_  
 b. At home? ☐ Yes ☐ No If yes, what? \_\_\_\_\_  
 c. With hobbies? ☐ Yes ☐ No If yes, what? \_\_\_\_\_  
*If yes, see STT Guidelines: Health Education–Workplace and Home Safety.*

### PREGNANCY CARE

30. Was this pregnancy planned? ☐ Yes ☐ No
31. How do you feel about being pregnant now? \_\_\_\_\_
32. Are you considering: Adoption? ☐ Yes ☐ No Abortion? ☐ Yes ☐ No  
*Questions 30, 31, and 32 will provide the assessor with information about the client's feelings regarding this pregnancy. For the client who is still ambivalent and/or considering adoption or abortion, refer to STT Guidelines: Psychosocial–Unwanted Pregnancy, for suggestions.*

## EXAMPLE

33. How does the father of the baby feel about this pregnancy? \_\_\_\_\_  
 a. Your family? \_\_\_\_\_  
 b. Your friends? \_\_\_\_\_

*Responses to these questions will provide the assessor with information regarding the client's support system and stressors she may be facing.*

34. Do you have any of the following problems now? (Check all that apply.)

	Yes	No		Yes	No
a. Swelling of hands or feet	<input type="checkbox"/>	<input type="checkbox"/>	h. Heartburn	<input type="checkbox"/>	<input type="checkbox"/>
b. Constipation	<input type="checkbox"/>	<input type="checkbox"/>	i. Backache	<input type="checkbox"/>	<input type="checkbox"/>
c. Fatigue/sleeping problems	<input type="checkbox"/>	<input type="checkbox"/>	j. Vomiting	<input type="checkbox"/>	<input type="checkbox"/>
d. Vaginal discharge/bleeding	<input type="checkbox"/>	<input type="checkbox"/>	k. Nausea	<input type="checkbox"/>	<input type="checkbox"/>
e. Varicose veins	<input type="checkbox"/>	<input type="checkbox"/>	l. Headaches	<input type="checkbox"/>	<input type="checkbox"/>
f. Hemorrhoids	<input type="checkbox"/>	<input type="checkbox"/>	m. <input type="checkbox"/> Other _____		
g. Leg cramps	<input type="checkbox"/>	<input type="checkbox"/>			

*Evaluate "yes" responses on the basis of practice protocols. If appropriate for the assessor, many of these conditions can be addressed by suggestions as outlined in STT Guidelines: Nutrition.*

35. In comparison to your previous pregnancies, is there anything you would like to change about the care you receive?

☐ Yes ☐ No ☐ N/A Please explain: \_\_\_\_\_  
*"Yes" answers provide assessor with information about past care that was not helpful to client so that these issues can be avoided with this pregnancy (if possible).*

36. Do you have any traditional, cultural, or religious customs about pregnancy and childbirth you would like supported?

☐ Yes ☐ No Please explain: \_\_\_\_\_  
*Acknowledgement and support of cultural and religious customs important to the client will result in a client who will participate in her care. In some cases these customs may be in conflict with medical care, and it is important to evaluate these situations with the medical provider. For additional suggestions see STT Guidelines: First Steps—Cultural Considerations.*

37. Who gives you the most advice about your pregnancy? \_\_\_\_\_

38. What have you been told that you think is important? \_\_\_\_\_

*Questions 37 and 38 will identify who should also be involved in the client's care. It will be very difficult to provide perinatal education if your information conflicts with this person's advice.*

39. Do you use any natural or herbal remedies (example: ginseng, manzanilla, greta, magnesium, yerba buena)?

☐ Yes ☐ No If yes, what and how often: \_\_\_\_\_  
*Herbal remedies need to be evaluated for potential harmful effects on the fetus.*

40. Do you plan to have someone with you:

- a. During labor? ☐ Yes ☐ No ☐ Do not know  
 b. When you first come home with the baby? ☐ Yes ☐ No ☐ Do not know

*If the client cannot identify a support person for labor, the assessor should begin to explore possible resources for both the labor period and childbirth preparation classes. If no support in the immediate postpartum period, this is an opportunity to help the client explore who will be available to help her care for herself, the newborn, including breastfeeding, and other children, if any. See STT Guidelines: Psychosocial—Parenting Stress.*

41. If you had a baby before, where was that baby(s) delivered?

☐ Hospital ☐ Clinic ☐ Home ☐ Other \_\_\_\_\_  
 Were there any problems? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_  
*An opportunity to identify problems and plan to avoid them with this pregnancy and/or identify positive experiences to draw upon.*



## EXAMPLE

42. Have you had any losses in past pregnancies such as:

	Yes	No		Yes	No		Yes	No
Miscarriages	<input type="checkbox"/>	<input type="checkbox"/>	Adoption	<input type="checkbox"/>	<input type="checkbox"/>	Abortion	<input type="checkbox"/>	<input type="checkbox"/>
Stillborn	<input type="checkbox"/>	<input type="checkbox"/>	SIDS	<input type="checkbox"/>	<input type="checkbox"/>			

If yes, what/who helped you get through this? \_\_\_\_\_

*The client may have unresolved grief issues that can impact this pregnancy and the care of the newborn. It also identifies some strengths that may be helpful in addressing current issues. For additional suggestions see STT Guidelines: Psychosocial-Perinatal Loss.*

43. If you have had other children, are they still living? ☐ Yes ☐ No ☐ N/A

If no, please explain: \_\_\_\_\_

*Again, identifies possible unresolved grief issues and/or fears that may affect this pregnancy. See also question 42.*

44. Besides having a healthy baby, what are your goals for this pregnancy? \_\_\_\_\_  
*An empowerment opportunity for the client. With assistance from the assessor, the client may be able to use this opportunity to make personal changes in her life, rather than focusing in on only a goal of "a healthy baby."*

45. Do you plan to use a method of birth control after this pregnancy? ☐ Yes ☐ No ☐ Undecided  
 If yes, what method: ☐ Birth control pill ☐ Diaphragm ☐ Norplant ☐ IUD  
☐ Foam and/or condoms ☐ Natural Family Planning ☐ Abstinence ☐ Sterilization ☐ Depoprovera

*Each client should have the opportunity to make a fully informed decision about what method, if any, she wants to use postpartum. See STT Guidelines: Health Education-Family Planning Choices, for suggestions.*

46. Have you ever had a sexually transmitted infection, such as gonorrhea, syphilis, chlamydia, herpes? ☐ Yes ☐ No

a. If yes, what and when: \_\_\_\_\_

b. Has your partner had a sexually transmitted infection? ☐ Yes ☐ No ☐ Do not know

47. Information given on HIV transmission, risk reduction behavior modification, methods to reduce the risk of perinatal transmission; counseling and referral to other HIV prevention and psychosocial services as needed; and referral for HIV testing. ☐ Yes ☐ No Initials: \_\_\_\_\_

*Current state regulations require that all pregnant women, not just those who are at risk, receive counseling on the benefits of HIV testing and pregnancy, treatments available to women who test positive, and referral for HIV testing. This item permits the provider/practitioner to document that they have provided the woman the required services. For additional suggestions on providing HIV education, see STT Guidelines: Health Education-HIV and Pregnancy.*

## NUTRITION

48. Anthropometric data: (Complete the following.) Height \_\_\_\_\_ Current weight \_\_\_\_\_ Date \_\_\_\_\_  
☐ Prepregnancy weight \_\_\_\_\_ ☐ Normal ☐ Underweight ☐ Overweight ☐ Very overweight  
☐ Weight gain goal \_\_\_\_\_ ☐ Net weight gain \_\_\_\_\_ ☐ Adequate ☐ Inadequate ☐ Excessive  
☐ Weight gain in previous pregnancies: lbs \_\_\_\_\_ ☐ Unknown ☐ N/A ☐ Weight grid plotted

*This information helps determine weight gain goals for the pregnancy and necessary nutritional education. STT Guidelines can provide assistance in helping the assessor complete the weight gain grid and determining weight gain goals. Women who begin pregnancy underweight or overweight may need more comprehensive nutrition care.*

49. Biochemical data: (Complete the following.)  
☐ Blood: Date \_\_\_\_\_ Hgb/Hct \_\_\_\_\_ MCV \_\_\_\_\_ Glucose Screen \_\_\_\_\_  
☐ Urine: Date \_\_\_\_\_ (Circle) Glucose + - Ketones + - Protein + -

*Abnormal values need to be brought to the medical provider's attention and a plan developed to address needs.*

50. Clinical data: (Indicate if any of the following apply.)  
☐ Short pregnancy interval ☐ Anemia ☐ Diabetes: ☐ Prepregnancy ☐ Past pregnancy  
☐ Serious infection ☐ Dental disease ☐ Hypertension: ☐ Prepregnancy ☐ Past pregnancy  
☐ Hx low birth weight baby ☐ High parity (>4) ☐ Currently breastfeeding  
☐ Age 17 years or less ☐ Digestive problems ☐ Hx intrauterine growth retardation  
☐ Other medical/obstetrical problems: ☐ Past \_\_\_\_\_ ☐ Current \_\_\_\_\_

*All of the above information has important implications in developing a nutritional care plan for the client. Site specific protocols should be reviewed to determine appropriate care, STT Guidelines: Nutrition-Prenatal Vitamin and Minerals, Iron and Calcium, can also offer suggestions for appropriate education and referrals.*

51. Do you take prenatal vitamins? ☐ Yes ☐ No Do you take iron? ☐ Yes ☐ No Other? ☐ Yes ☐ No

## EXAMPLE

52. How would you describe your appetite? ☐ Good ☐ Fair ☐ Poor  
Do you sometimes feel you can't stop eating? ☐ Yes ☐ No  
*Requires additional probing to determine if the client has concerns about or is experiencing an eating disorder.*
53. Have your eating habits changed since you became pregnant? ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_  
*Provides additional context to her response to question 52. It is important to know that a client's appetite was poor before she became pregnant vs. the client whose appetite changed as a result of pregnancy.*
54. How many times per day do you usually eat? \_\_\_\_\_  
*Permits the assessor to develop nutritional recommendations that "fit" with the client's usual habits.*  
Do you have questions or concerns about your weight and/or weight gain during pregnancy? ☐ Yes ☐ No  
If yes, please list: \_\_\_\_\_  
*Permits assessor to emphasize an appropriate weight gain goal. See STT Guidelines: Nutrition–Weight Gain During Pregnancy.*
55. Have you had cravings for or eaten any of the following? (Circle all that apply.) ☐ Yes ☐ No  
laundry starch freezer frost cornstarch clay paste plaster dirt other \_\_\_\_\_  
*"Yes" answers require evaluation to determine the extent of the problem and need for referral to the medical provider. Additional suggestions are in STT Guidelines: Nutrition–Pica, Possible Problems From Pica.*
56. Do you have any food allergies? ☐ Yes ☐ No If yes, please explain: \_\_\_\_\_  
Are there any foods or beverages you avoid? ☐ Yes ☐ No If yes, please explain: \_\_\_\_\_  
*Requires evaluation as to impact on appropriate perinatal diet. See STT Guidelines: Nutrition–Lactose Intolerance, for additional suggestions.*
57. Are you on a special diet? ☐ Yes ☐ No  
If yes, what kind? ☐ Weight loss ☐ Low salt ☐ Low fat/cholesterol ☐ Vegetarian ☐ Diabetic  
☐ Other: \_\_\_\_\_  
*Requires evaluation as to impact on perinatal nutritional needs and development of client specific nutritional education. May also require referral for medical nutrition therapy.*
58. If vegetarian, do you eat: ☐ Milk and dairy products ☐ Fish/chicken ☐ Eggs  
*Not all individuals define "vegetarian" in the same way. This question identifies the specifics of your client's vegetarian diet.*
59. How many cups of the following do you drink in a day? \_\_\_\_\_ regular coffee \_\_\_\_\_ regular tea \_\_\_\_\_ sodas  
*General fluid intake is important for proper metabolic functioning. The specific beverages imbibed can indicate sources of excess sugars or caffeine. High diet soda intake may be as a result of a fear of having a larger baby and a perceived more difficult birth.*
60. Who usually does the following in your home? Buys food: \_\_\_\_\_ Prepares food: \_\_\_\_\_  
*This information will provide the assessor with some indication as to the control the client has over what food is purchased and how it is prepared.*
61. Dietary intake: (check all that apply)
- |               |                                    |                                     |  |   |
|---------------|------------------------------------|-------------------------------------|--|---|
| <b>LOW</b>    | <input type="checkbox"/> Vitamin A | <input type="checkbox"/> Vitamin C  | <input type="checkbox"/> Other fruits and vegetables | <input type="checkbox"/> Bread/grain/cereal |
|               | <input type="checkbox"/> Protein   | <input type="checkbox"/> All groups | <input type="checkbox"/> Fluid                       | <input type="checkbox"/> Milk               |
| <b>EXCESS</b> | <input type="checkbox"/> Fat       | <input type="checkbox"/> Sugar      | <input type="checkbox"/> Salt                        | <input type="checkbox"/> High Kcal.         |
- Excess: fat, sugar, salt, high Kcal*

### INFANT FEEDING

62. If you have other children, did you breastfeed, or try to breastfeed them? ☐ Yes ☐ No ☐ N/A  
Did you have trouble breastfeeding? ☐ Yes ☐ No How long did you breastfeed? \_\_\_\_\_  
*Provides an opportunity to build on previous positive experiences and/or evaluate difficulties and provide education to support breastfeeding. For additional suggestions, see STT Guidelines: Nutrition–Breastfeeding reference.*
63. How are you planning to feed your new baby?  
☐ Breast ☐ Formula ☐ Both breast and formula ☐ Other: \_\_\_\_\_ ☐ Do not know  
*All women should be provided basic breastfeeding information so they can make an informed decision. The client who plans to give both breast and formula may be inadvertently sabotaging her breastfeeding efforts and probably needs additional assistance in clarifying her decision. See STT Guidelines: Health Education–Infant Feeding Decision-Making.*

### WIC REFERRAL

Provider signature

Date

CDPH 4455 (7/07) (Annotated)

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## EXAMPLE

### COPING SKILLS

64. In the past month, how often have you felt that you could not control the important things in your life?  
Have you felt that way: ☐ very often ☐ often ☐ sometimes ☐ rarely ☐ never  
*This question permits the client to give her evaluation of her emotional status. Shaded responses should be further explored to determine if this is a long-standing issue or more related to the emotional swings of early pregnancy.*
65. What things in your life do you feel good about? \_\_\_\_\_  
*Provides that assessor with an opportunity to build on positives in the client's life.*
66. Are you currently having any of these problems: (Check all that apply.)
- |                           | Yes                      | No                       |                              | Yes                      | No                       |
|---------------------------|--------------------------|--------------------------|------------------------------|--------------------------|--------------------------|
| a. Financial difficulties | <input type="checkbox"/> | <input type="checkbox"/> | f. Unemployment              | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Housing problems       | <input type="checkbox"/> | <input type="checkbox"/> | g. Immigration               | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Divorce/separation     | <input type="checkbox"/> | <input type="checkbox"/> | h. Legal                     | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Recent death           | <input type="checkbox"/> | <input type="checkbox"/> | i. Probation/parole          | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Illness                | <input type="checkbox"/> | <input type="checkbox"/> | j. Child Protective Services | <input type="checkbox"/> | <input type="checkbox"/> |
- Any "yes" responses can provide stress for the client. Suggestions for referrals can be found in STT Guidelines: Psychosocial–Financial Concerns, Legal/Advocacy Concerns, New Immigrant, Depression.*
67. What things in your life would you like to change? \_\_\_\_\_  
*Provides information on patient hopes and values. Changes that can be attached to these values have a higher probability of success.*
68. What do you do when you are upset? \_\_\_\_\_
69. What do you and your partner do when you have disagreements? \_\_\_\_\_
70. Do you ever feel afraid or threatened by your partner? ..... ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_
71. Within the last year have you been hit, slapped, kicked, or physically hurt by someone? ..... ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_
72. Have you ever been a victim of violence and/or sexual abuse? ..... ☐ Yes ☐ No
73. Have your children ever been victims of violence and/or sexual abuse? ..... ☐ Yes ☐ No
74. Have your parents been victims of violence and/or sexual abuse? ..... ☐ Yes ☐ No  
*Questions 67–73 help the assessor determine the potential and/or presence of domestic violence in the client's relationships. Interventions should be based on legal mandates and practice specific protocols. Additional information is available in STT Guidelines: Psychosocial–Spousal/Partner Abuse.*
75. Do you ever get depressed? ..... ☐ Yes ☐ No
76. Have you ever felt so bad you planned or attempted suicide? ..... ☐ Yes ☐ No
77. Have you ever talked to a counselor? ..... ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_
78. Would you feel comfortable talking to a counselor if you had a problem? ..... ☐ Yes ☐ No  
*Provides information on patient's history of serious mental illness and what range of referrals might be possible. For additional information, see STT Guidelines: Psychosocial–Emotional or Mental Health Concerns, Depression.*

### TOBACCO, DRUG, AND ALCOHOL USE

79. Do you smoke cigarettes? ..... ☐ Yes ☐ No  
If yes, how many cigarettes per day? \_\_\_\_\_ for how many years? \_\_\_\_\_  
*It is important to document carefully the client's smoking history, not just whether she smokes or not. Interventions for someone who smokes one–two cigarettes/week are likely to be different from someone who smokes two packages/day.*
80. Are you exposed to secondhand smoke at home or at work? ..... ☐ Yes ☐ No  
*Secondhand smoke can have serious effects on both the mother and the fetus. To help the client identify such exposure and develop a plan to avoid such exposure, see STT Guidelines: Health Education–Secondhand Tobacco Smoke.*
81. Are you using chewing tobacco? ..... ☐ Yes ☐ No  
*The woman who uses chewing tobacco avoids possible lung problems, she and her fetus are still exposed to the harmful effects of nicotine. Some of the suggestions in STT Guidelines: Health Education–Tobacco Use, may also be helpful for this client.*



## EXAMPLE

82. If you smoke cigarettes or chew tobacco, have you:  
☐ Considered quitting    ☐ Set a definite date to quit    ☐ Decided to cut down    ☐ Decided not to quit at this time  
*The education and support you provide a client around tobacco use varies in relation to desire to quit. For suggestions for each of the above situations, see STT Guidelines: Health Education–Tobacco Use.*
83. How often do you drink alcohol (beer, wine, wine coolers, hard liquor, mixed drinks)?  
☐ Daily    ☐ Weekends    ☐ 1–2 times per month    ☐ Rarely or never
84. Have your alcohol habits changed since you got pregnant? . . . . . ☐ Yes    ☐ No  
 If yes how? \_\_\_\_\_
85. Are you interested in stopping or cutting down while you are pregnant? . . . . . ☐ Yes    ☐ No
86. Have you ever used street drugs (marijuana, cocaine, PCP, crack, speed, crank, ice, heroin, LSD, other)? . ☐ Yes    ☐ No  
 a. If yes, what: \_\_\_\_\_ How often? \_\_\_\_\_  
 b. Are you interested in quitting? . . . . . ☐ Yes    ☐ No  
*Questions 82–85 provide information on the client's previous and past use of drugs and alcohol. To assist the client in deciding to quit and support her through that process, see STT Guidelines: Health Education–Drug and Alcohol Use.*
87. If your partner uses drugs or alcohol, does this create problems for you? . . . . . ☐ Yes    ☐ No  
*The client may not use drugs or alcohol but her partner may and this can cause significant problems for her: stress, domestic violence, misuse of family income, etc. See pertinent sections of STT Guidelines for additional suggestions.*

## EDUCATION AND LANGUAGE

88. Years of education completed:    ☐ 0–8 years    ☐ 9–11 years    ☐ 12–16 years    ☐ 16+ years  
*Determining the client's level of education may give the assessor some idea as to the client's reading and comprehension levels, although this will probably require additional evaluation.*  
 a. Are you currently enrolled in school? . . . . . ☐ Yes    ☐ No    ☐ N/A  
 b. Will you return to school after the baby is born? . . . . . ☐ Yes    ☐ No    ☐ N/A  
*These questions are particularly important for teen clients, who should be encouraged to participate in school pregnant minor programs. Older clients who have not completed high school or equivalence may want to consider attending night school or other independent learning centers particularly if they are interested in achieving changes in their lives.*
89. What language do you prefer to speak:    ☐ English    ☐ Other \_\_\_\_\_
90. What language do you prefer to read:    ☐ English    ☐ Other \_\_\_\_\_  
*To achieve maximum benefit from interventions and education, services must be presented in a spoken or written language that is understandable to the client. For additional suggestions, see STT Guidelines: First Steps–No Language in Common with Staff, Low Literacy Skills (for those patients with low or no reading ability in any language).*
91. Which of the following best describes how you read:  
☐ Like to read and read often    ☐ Can read but do not read often    ☐ Do not read  
*The client's ability to read is separate from her interest in reading. Providing written materials to someone who does not read or who does not like to read is inappropriate. Written materials at a high reading level may also be inappropriate.*



# EXAMPLE

## EDUCATIONAL INTERESTS

92. Do you have experience with or have you received education in any of the following topics in the past (Column A—Do you know about?), or would like additional information during this pregnancy (Column B—Would you like more information?); both columns may be marked:

TOPIC	COLUMN A Have Previous Experience/ Do You Know About?	COLUMN B Would You Like More Information?
How your baby grows (fetal development)		
How your body changes during pregnancy		
Healthy habits for a healthy baby		
What you should eat while you are pregnant		
Gaining weight in pregnancy		
What happens during labor and delivery		
What you need to know about preterm (premature) labor		
Hospital tour		
How to take care of yourself after the baby comes		
Breastfeeding		
Infant feeding		
Circumcision		
Helping your other children get ready for the new baby		
Information about car seats/passenger safety		
How to take care of your baby and keep it safe		

*The educational plan for the client should be based on her interests, previous education, and experience.*

93. Will you have any difficulties (language/transportation) scheduling/attending classes? . . . . . ☐ Yes ☐ No

94. Will someone be able to attend classes with you? . . . . . ☐ Yes ☐ No  
Who? \_\_\_\_\_

*Your practice may have a fine education program but it will not help the client who is not able to attend such classes. The impact of the education will be enhanced if someone can attend with her, and support information given when she is at home.*

95. Is there anything special you would like to learn about? \_\_\_\_\_  
*This offers the client an opportunity to customize her education.*

96. How do you like to learn new things? (Check all that apply.)  
☐ Read ☐ Talk one-on-one ☐ Group education ☐ Pictures and diagrams  
☐ Watch a video ☐ Being shown how to do it ☐ Other \_\_\_\_\_  
*The client will learn best if material is presented in a manner that is most acceptable to her.*

97. Do you have any mental, emotional, or physical conditions, such as learning disabilities, Attention Deficit Disorder, depression, hearing, or vision, that may affect the way you learn? . . . . . ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_

*Again, if the client has any of these problems, her education may have to be tailored to her specific needs to be of value to her.*

In developing a health education plan, also consider:

- ☐ Does the client have a medical problem or other risk factors related to pregnancy that requires education (i.e.: history of genetic disorder, diabetes, previous preterm labor, hypertension, etc.). This information may be located on the obstetric medical history form and/or question 50.

*These issues may require specialized education.*

Assessment completed by:

Name \_\_\_\_\_ Date \_\_\_\_\_ Minutes \_\_\_\_\_

Title \_\_\_\_\_



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## COMPREHENSIVE PERINATAL SERVICES PROGRAM

### Assessment Risk/Strength Summary

#### Instructions for Use

The Assessment Risk/Strength Summary is designed to be used as a summary of risk/strengths identified on a completed State Initial Combined Assessment (CDPH 4455). The form may be completed by any qualified CPSP practitioner, as defined in Title 22, Section 51179. The use of this summary sheet is optional.

#### *PURPOSE*

The Assessment Risk/Strength Summary sheet provides a quick visual summary of the risks and strengths of a CPSP client, as identified at the completion of the initial assessment. It is not a substitute for the ICP. The summary has several potential uses, for example:

- Together, the client and practitioner can review risks and strengths, identify priorities, and develop an ICP.
- The form, with prior approval, could be used as a documentation for a managed care plan of a client's risk and need intervention.
- Use as a data summary sheet, with information compiled, analyzed, and tracked over time, to give a picture of the clients for a particular practice site.

#### *PROCEDURES/DOCUMENTATION*

The Assessment Risk/Strength Summary sheet is approved to be completed by any qualified CPSP practitioner.

1. Inform the client of the purpose for completing the summary (this may vary by practice setting).
2. Review each section of the ICA (CHPH 4455), and complete the applicable information in the corresponding section of the summary document.
3. For each section, identify client strengths and document them on the form.
4. Most sections have space to identify other risks that are not already listed on the form; document as necessary.
5. Store document as specified for the practice site.

EXAMPLE

**Assessment Risk/Strength Summary**  
(To be used in conjunction with DHS 4455, Initial Combined Assessment)

<b>Personal Information</b> Age: <input type="checkbox"/> <12y <input type="checkbox"/> 12-17y <input type="checkbox"/> 35y+ Resident: <input type="checkbox"/> <1yr <input type="checkbox"/> Children living out of home <input type="checkbox"/> _____ Strengths: _____ _____	<b>Economic Resources</b> <input type="checkbox"/> No financial support from FOB <input type="checkbox"/> Insufficient food supplies <input type="checkbox"/> Needs WIC referral <input type="checkbox"/> _____ Strengths: _____ _____	<b>Housing</b> <input type="checkbox"/> Transient housing <input type="checkbox"/> Substandard housing <input type="checkbox"/> No phone <input type="checkbox"/> Message phone <input type="checkbox"/> Weapons in home Strengths: _____ _____
<b>Transportation</b> <input type="checkbox"/> No reliable transportation <input type="checkbox"/> Needs referral for infant car safety seat <input type="checkbox"/> No seat belt use <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ Strengths: _____ _____ _____	<b>Current Health Practices</b> <input type="checkbox"/> Needs dental care <input type="checkbox"/> Medication use since LMP <input type="checkbox"/> Chemical exposure <input type="checkbox"/> Poor Hx using health care system <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ Strengths: _____ _____ _____	<b>Pregnancy Care</b> <input type="checkbox"/> Ambivalent about pregnancy <input type="checkbox"/> Unwanted pregnancy <input type="checkbox"/> Lacks support for pregnancy, L&D, postpartum <input type="checkbox"/> Using natural remedies <input type="checkbox"/> HX pregnancy/child losses <input type="checkbox"/> HX STI self/partner <input type="checkbox"/> Needs referral for discomforts of pregnancy Strengths: _____ _____ _____
<b>Nutrition</b> <input type="checkbox"/> Anthropometric data outside of NL: _____ <input type="checkbox"/> Biochemical data outside of NL: _____ <input type="checkbox"/> Clinical conditions outside of NL: _____ <input type="checkbox"/> Poor appetite <input type="checkbox"/> PICA <input type="checkbox"/> Special diet: _____ <input type="checkbox"/> Inappropriate vitamin/mineral use <input type="checkbox"/> Unusual dietary practices	<input type="checkbox"/> HX or current eating disorder <input type="checkbox"/> Inadequate diet (24 hr. Recall) <input type="checkbox"/> Inappropriate wt gain (grid) <input type="checkbox"/> Excessive caffeine intake Strengths: _____ <b>Infant Feeding</b> <input type="checkbox"/> Has never breast-fed <input type="checkbox"/> Hx problem with breast feeding <input type="checkbox"/> Lacks support for breast feeding Strengths: _____ _____	<b>Coping Skills</b> <input type="checkbox"/> Experiencing significant life stressors <input type="checkbox"/> HX domestic violence <input type="checkbox"/> Victim of violence/sexual abuse: self /children/parents <input type="checkbox"/> HX suicidal ideation/attempt <input type="checkbox"/> Depression <input type="checkbox"/> Inadequate support system <input type="checkbox"/> _____ <input type="checkbox"/> _____ Strengths: _____ _____
<b>Tobacco, Drug, Alcohol Use</b> <input type="checkbox"/> Uses tobacco <input type="checkbox"/> Current HX alcohol use/abuse <input type="checkbox"/> Current HX drug use/abuse <input type="checkbox"/> Partner uses/abuses drugs/alcohol Strengths: _____ _____	<b>Education and Language</b> Education: <input type="checkbox"/> <8y <input type="checkbox"/> 9-11y <input type="checkbox"/> Non-English speaking/reading <input type="checkbox"/> Low literacy skills <input type="checkbox"/> _____ Strengths: _____ _____	<b>Educational Interests</b> <input type="checkbox"/> Barriers to attending classes <input type="checkbox"/> Mental, emotional or physical conditions affecting learning <input type="checkbox"/> _____ Strengths: _____ _____
<b>Obstetrics</b> <input type="checkbox"/> Diabetes, gestational/overt <input type="checkbox"/> Chronic/ high risk med. condition <input type="checkbox"/> VBAC, repeat C-Section <input type="checkbox"/> Multiple gestation <input type="checkbox"/> Short pg. Interval	<input type="checkbox"/> Late entry to care <input type="checkbox"/> Hypertension/PIH <input type="checkbox"/> Hyperemesis <input type="checkbox"/> Urinary Tract Infection <input type="checkbox"/> Underwt/obese pre-pregnancy <input type="checkbox"/> Hx preterm labor	<input type="checkbox"/> Hep B+/HIV+ <input type="checkbox"/> Rubella negative <input type="checkbox"/> Religious restrictions to procedures <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

**EXAMPLE**

Name: \_\_\_\_\_

ID# \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

**COMBINED REASSESSMENT**

2nd trimester \_\_\_\_\_

3rd trimester \_\_\_\_\_

WIC referral date \_\_\_\_\_

Date client reports receiving WIC \_\_\_\_\_

**Anthropometric:**

Pregnancy wt status:

Wt. Grid plotted \_\_\_\_\_

☐ Normal    ☐ Over    ☐ Under

Wt. this visit: \_\_\_\_\_

Weeks gestation \_\_\_\_\_

Wt. gain since last visit: \_\_\_\_\_ Total gain to date: \_\_\_\_\_ ☐ Normal    ☐ Over    ☐ Under

**Biochemical:**

Blood/Date collected: \_\_\_\_\_

Urine/Date collected: \_\_\_\_\_

	Please circle:		Please circle:		Please circle:
High:	WNL ABN	Hct:	WNL ABN	Glucose:	+    -
MCV:	WNL ABN	GTT:	WNL ABN	Ketones:	+    -
Glucose:	WNL ABN	Albumin:	WNL ABN	Protein:	+    -

**Clinical : (update from previous visit)**

Edema:    ☐ Yes    ☐ No    Blood pressure: \_\_\_\_\_ Change: | \_\_\_\_ | \_\_\_\_    None \_\_\_\_\_

1. Have you been scheduled for any tests or procedures? ☐ Yes    ☐ No

If yes, what tests or procedures? \_\_\_\_\_

2. Have you thought about what you would like to happen during labor and delivery? ☐ Yes    ☐ No

If yes, please explain: \_\_\_\_\_

If no, what would you like to know more about? \_\_\_\_\_

3. Have you signed up for childbirth classes? ☐ Yes    ☐ No

If yes, will your support person attend classes with you? ☐ Yes    ☐ No

Hospital tour? ☐ Yes    ☐ No

4. Do have a doctor for your baby? ☐ Yes    ☐ No

5. Has the relationship between you and the baby's father changed? ☐ Yes    ☐ No

6. Do you feel alone and not understood? ☐ Yes    ☐ No

7. If you do not want to get pregnant right away, do you know what type of birth control you want to use? ☐ Yes    ☐ No

If yes, what type? \_\_\_\_\_

If no, would you like more information? ☐ Yes    ☐ No

8. Have you bought an infant car seat? ☐ Yes    ☐ No

## EXAMPLE

9. Do you have the resources to assist in maximizing your pregnancy, labor, and delivery?
- ☐ Housing ☐ Financial ☐ Food ☐ Family
10. How are you planning to feed your baby?
- ☐ Breastfeed ☐ Bottlefeed ☐ Undecided
- If undecided do you want information on infant feeding? ☐ Yes ☐ No
11. Have your eating habits changed since your last assessment? ☐ Yes ☐ No
- If yes, in what way? \_\_\_\_\_
12. Are you taking prenatal vitamins? ☐ Yes ☐ No
- Iron? ☐ Yes ☐ No
13. Are you taking medications or herbs? ☐ Yes ☐ No
- If yes, please list \_\_\_\_\_

### Dietary:

Dietary (Data from 24-hr recall/Dietary Intake Form)

Dietary Assessment:

for \_\_\_\_ days

Dietary Risk:

\_\_Pro \_\_Cho \_\_Fat \_\_Ca \_\_Fe \_\_Folate

Food Group	Min Amt./Serv.	Amt./Serv. Eaten	Sugg. Change	Counseled_____
Animal protein	6 oz.	_____	_____	ETOH_____
Vegetable protein	1	_____	_____	Type_____
Milk products	3	_____	_____	Frequency_____
Breads/cereals/grains	7	_____	_____	Drugs_____
Vit. C-rich frt/veg	1	_____	_____	Type_____
Vit A-rich frt/veg	1	_____	_____	Frequency_____
Other fruit/veg	3	_____	_____	Smoking_____
Unsaturated fats	3	_____	_____	Frequency_____
Excessive ____Fat ____ Sugar ____ Salt ____ Caffeine				

14. How do you feel about your pregnancy? Any special concerns/questions? \_\_\_\_\_

### SUMMARY

Have there been any significant changes from previous assessments in the client's risks and strengths? \_\_\_\_\_

What is the status of the client's previous goals? \_\_\_\_\_

Client agrees to new goals: \_\_\_\_\_

Document any current referrals/materials given: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Minutes \_\_\_\_\_

**EXAMPLE**

Name: \_\_\_\_\_

ID# \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

**COMBINED POSTPARTUM ASSESSMENT**

WIC Referral date for client and baby \_\_\_\_\_

WIC enrollment date for baby \_\_\_\_\_

WIC enrollment for mother \_\_\_\_\_

**Anthropometric:**

Total pg. wt. gain: \_\_\_\_\_

HT: \_\_\_\_\_

Wt. this visit \_\_\_\_\_

Desirable wt: \_\_\_\_\_

**Biochemical:**

Blood/Date collected: \_\_\_\_\_

Urine/Date collected: \_\_\_\_\_

	Please circle:		Please circle:		Please circle:
High:	WNL ABN	Hct:	WNL ABN	Glucose:	+ -
MCV:	WNL ABN	GTT:	WNL ABN	Ketones:	+ -
Glucose:	WNL ABN	Albumin:	WNL ABN	Protein:	+ -

**Clinical:**

Pregnancy outcome: \_\_\_\_\_

Infant birth weight: \_\_\_\_\_ Blood pressure: \_\_\_\_\_ Hi \_\_\_\_\_ Low \_\_\_\_\_ Normal \_\_\_\_\_

Medical risk status: \_\_\_\_\_

1. How was your delivery? \_\_\_\_\_
2. Have you had your postpartum check up? ☐ Yes ☐ No
3. Have you had any health problems since your delivery? ☐ Yes ☐ No
4. Have you taken your baby to the doctor? ☐ Yes ☐ No
5. Do you have any questions about your baby's health? ☐ Yes ☐ No
6. Do you have any questions about your baby's safety? ☐ Yes ☐ No
7. How many times do you feed the baby? ☐ Day ☐ Night
8. How many wet diapers does your baby have in a day? \_\_\_\_\_
9. If you use infant formula, what type? \_\_\_\_\_  
With iron? ☐ Yes ☐ No
10. Do you have any questions about mixing or feeding formula? ☐ Yes ☐ No
11. If breast feeding, Do you have enough milk? ☐ Yes ☐ No  
Do you supplement with formula? ☐ Yes ☐ No  
Does your baby take the breast easily? ☐ Yes ☐ No  
Are your nipples cracked or sore? ☐ Yes ☐ No  
Do you have any questions about breast feeding? ☐ Yes ☐ No
12. Do you feel comfortable about your relationship with your baby? ☐ Yes ☐ No  
Any specials concerns? \_\_\_\_\_

EXAMPLE

13. How have members of your household adjusted to your baby? \_\_\_\_\_
14. Are you experiencing postpartum blues? ☐ Yes ☐ No
15. Since you had your baby, have you used any of the following?
- |  |                              |                             |
|--|------------------------------|-----------------------------|
| beer, wine coolers, or hard liquor?            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| cigarettes, cigars, smoking or chewing tobacco | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| over-the-counter medicine                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| prescription medicine                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| marijuana, cocaine, PCP, crack, etc.           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- How much and how often? \_\_\_\_\_
16. Are you using or planning to use method of birth control? ☐ Yes ☐ No
- If yes, which one? \_\_\_\_\_
- If no, would you like information on birth control? ☐ Yes ☐ No

**Dietary:**

Dietary (Data from 24-hr recall/Dietary Intake Form)

Dietary Assessment:

for \_\_\_\_ days

Dietary Risk:

\_\_Pro \_\_Cho \_\_Fat \_\_Ca \_\_Fe \_\_Folate

\_\_Vit. A \_\_Vit. C \_\_Fiber \_\_Fluids

Food Group	Min Amt./Serv.	Amt./Serv. Eaten	Sugg. Change
Animal protein	6 oz.	_____	_____
Vegetable protein	1	_____	_____
Milk Products	3	_____	_____
Breads/cereals/grains	7	_____	_____
Vit. C-rich frt/veg	1	_____	_____
Vit A-rich frt/veg	1	_____	_____
Other fruit/veg	3	_____	_____
Unsaturated fats	3	_____	_____
Excessive ____Fat ____ Sugar ____ Salt ____ Caffeine			

Counseled\_\_\_\_\_

ETOH\_\_\_\_\_

Type\_\_\_\_\_

Frequency\_\_\_\_\_

Drugs\_\_\_\_\_

Type\_\_\_\_\_

Frequency\_\_\_\_\_

Smoking\_\_\_\_\_

Frequency\_\_\_\_\_

Have there been any significant changes from previous assessments in the client's risks and strengths? \_\_\_\_\_

What is the status of the client's previous goals? \_\_\_\_\_

Client agrees to new goals: \_\_\_\_\_

Current referrals/materials provided: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Minutes \_\_\_\_\_



## Instructions for Completing the Example ICP Form

COMPONENT	INSTRUCTIONS
1. Case Coordinator's Name	Full name and professional degree(s)
2. Provider's NPI #	Ten-character, active, and valid NPI number of a provider who has been certified by the State to be a CPSP provider
3. Client's Name (top of page 2)	Include the client's first, middle initial, and last name.
4. Patient's Medi-Cal I.D. # (top of page 2)	Indicate the client's Medi-Cal beneficiary number.
5. Date	Date of each client visit during which an assessment, treatment, intervention, and/or change to the care plan is made. Write the month/day/year of the visits (i.e., 3/1/91).
6. Strengths Identified/ Support Available	Date and list all identified strengths and/or support the client has available to assist her through the pregnancy (i.e., family peer support, high school education, motivated to participate in care, employed, adequate transportation, wanted/accepted pregnancy, WIC participant). Possible client strengths are listed on the back of the ICP form.
7. Gravida	Gravidity (gravida) is the total number of pregnancies, including this one, whether or not they resulted in live births. Indicate in the space the total number of pregnancies for this client. (Multiples such as twins = gravida 1).
8. Para	Parity (para) is the number of previous deliveries resulting in fetuses weighing 500 grams or more, or having a gestational age of 20 weeks or more, whether alive or dead at delivery. A multiple fetal pregnancy (twins, triplets, etc.) counts as one delivery (para 1). Indicate in the space the number of such deliveries for this woman.
9. EDD	Estimated date of delivery is the calculated birth date of the infant. Write in the month/day/year.
10. Prioritized Problem/ Need/Risk Conditions	Date and list any problem/need and identify risk conditions that are made during the client's initial assessment, reassessments, and postpartum assessment for each CPSP component: obstetric, nutrition, health education, and psychosocial. Prioritize the list as necessary (i.e., 1 - diabetes gestational). A sample problem/need list is provided on the back of the ICP form.

The ICP should be updated as reviewed as necessary, at least at each trimester, postpartum, and as necessary, for obstetric, nutrition, health education, and psychosocial services.

COMPONENT	INSTRUCTIONS
11. Intervention Planned:	Clearly and succinctly describe (under each service area):
- outcome objective	The status or outcome to be achieved by the plan of action for addressing the problem/need/risk (i.e., stabilize blood sugar level)
- methods	The treatment or service (i.e., health education classes are to be prescribed or provided)
- time frame	What is the projected length of time or date by which services are to be provided to achieve the outcome objectives identified (i.e., 6 weeks or 4/4/91)
- referrals proposed	Any referrals necessary to achieve the outcome objective (i.e., refer to diabetic clinic, support group)
- responsible discipline staff person	The staff person (i.e., physician, RN, CPHW) responsible for insuring adherence to the plan and referrals are made (if applicable)
12. Evaluation (date/outcome)	Date and clearly and succinctly describe the results of the plan of action (i.e., 3/1/91 objective met).
13. Prenatal Vitamins Prescribed/Dispensed	Circle if prenatal vitamins were prescribed or dispensed and indicate date and amount.
14. Perinatal Education Classes	This section is unique in that the class titles and content included on this form are suggestions, not requirements. They indicate those subjects that the State feels are especially relevant to perinatal health. The content and titles of the perinatal education classes offered by your health care team may vary slightly from this sample. Write in the date next to the class(es) that the client has been referred to and/or attended.
15. Care Plan Developed in Consultation with the Client	Once the care plan has been developed in consultation with the client, the case coordinator must sign and date the care plan. When the case coordinator is a CPHW, a supervising medical practitioner must also sign.

The minimum required elements for the ICP are:

- Identification and documentation of prioritized problem/need/risk conditions
- Planned interventions with time frames and staff person responsible indicated, followed by evaluation (date/outcome)
- Identification and documentation of the client's strengths/support available
- Developed in consultation with the client

COMPREHENSIVE PERINATAL SERVICES PROGRAM  
INDIVIDUALIZED CARE PLAN

Case Coordinator's Name \_\_\_\_\_ Provider's Medi-Cal # \_\_\_\_\_

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## EXAMPLE

### SAMPLE STRENGTHS LIST

- |                              |                            |  |
|------------------------------|----------------------------|--|
| 1. High School Education     | 7. Employed                | 13. Experience/Knowledge of Pregnancy/<br>Delivery/Infant Care/Parenting |
| 2. Support System            | 8. Financially Stable      |  |
| 3. Motivated                 | 9. Adequate Transportation | 14. Ability to Comprehend and Make<br>Decisions                          |
| 4. Emotionally Stable        | 10. Adequate Food          |  |
| 5. Wanted/Accepted/Planned   | 11. Refrigerator           | 15. Interest/Willingness to Participate in<br>Individual/Group Classes   |
| 6. Adequate Shelter/Clothing | 12. Ability to Cope        |  |

### SAMPLE PROBLEM/NEED LIST

#### *Obstetric:*

- |   |   |
|---|---|
| 1. Hx. of C-section/uterine surgery                     | 21. Chronic renal disease                     |
| 2. Hx. of incompetent cervix                            | 22. GI disorders                              |
| 3. Hx. of < 2500 gram infant                            | 23. Seizure disorder                          |
| 4. Hx. of >4000 gram infant                             | 24. Hypo/Hyperthyroid                         |
| 5. Hx. of stillbirth                                    | 25. Pulmonary Disease                         |
| 6. Hx. of preterm birth (<36 weeks)<br>Or SGA (Wt_____) | 26. Hepatitis B<br>(date pos. Test_____)      |
| 7. Hx. of neonatal death                                | 27. Dysplasia/Gyn malignancy                  |
| 8. Hx. of abnormal infant                               | 28. Anemia/Hemoglobinopathy                   |
| 9. Hx. of DES exposure                                  | 29. Multiple gestation                        |
| 10. Hx. of hospitalization(s)                           | 30. Rh hemolytic disease                      |
| 11. Preg. interval < 1 year                             | 31. HIV risk                                  |
| 12. Genetic risk  | 32. STD:_____                                 |
| 13. Hypertension/chronic                                | 33. Vaginal bleeding started @<br>_____ weeks |
| 14. Pregnancy induced hypertension                      | 34. Substance use/abuse_____                  |
| 15. Cardiovascular disorders                            | Alcohol (_____ drinks/week)                   |
| 16. Diabetes, pre-existing, Type 1                      | Cigarettes (_____cigs/day)                    |
| 17. Diabetes, pre-existing, Type 2                      | Smokeless tobacco _____                       |
| 18. Diabetes, gestation this pregnancy                  | Illicit drugs(s) _____                        |
| 19. Hx. gestational diabetes                            |   |
| 20. Insulin/diet controlled                             |   |

#### *Nutrition:*

- |  |                                      |
|--|--------------------------------------|
| 1. Anemia  | 10. Less than 3 years since menarche |
| 2. Hypovolemia   | 11. High parity                      |
| 3. Abnormal glucose                                    | 12. Short inter-pregnancy interval   |
| 4. Previous obstetric complications                    | 13. Currently breast feeding         |
| 5. Underweight (<90% desirable wt.)                    | 14. Low income                       |
| 6. Moderately overweight (> 120% desirable wt.)        | 15. Substance abuse                  |
| 7. Very overweight (>135% desirable wt.)               | OTC medicine _____                   |
| 8. Inadequate wt. gain during pregnancy                | Vitamin/min. supplement _____        |
| 9. Excessive wt. gain during pregnancy(>6.5 lbs/month) | Caffeine _____                       |

**EXAMPLE**

Page \_\_\_ of \_\_\_

COMPREHENSIVE PERINATAL SERVICES PROGRAM  
INDIVIDUALIZED CARE PLAN (CONTINUED)

(PRINT)

Patient's Name \_\_\_\_\_ Patient's Medi-Cal ID# \_\_\_\_\_

DATE	(re)assessment PRIORITIZED PROBLEM/NEED RISK CONDITIONS	INTERVENTION PLANNED (Outcomes, objectives, methods, time frame, referrals, person responsible) For: OBSTETRIC, NUTRITION, PSYCHOSOCIAL, HEALTH EDUCATION	EVALUATION Data/outcome

PERINATAL EDUCATION CLASSES

	Date			Date			Date	
	<u>Referred</u>	<u>Attended</u>		<u>Referred</u>	<u>Attended</u>		<u>Referred</u>	<u>Attended</u>
Anatomy/Physiology of Preg	_____	_____	Childbirth Education	_____	_____	Family Planning	_____	_____
Coping w/ Discomfortness of Preg	_____	_____	Parenting Skills	_____	_____	Nutrition	_____	_____
Substance use during Preg	_____	_____	Infant Health Care	_____	_____	Other	_____	_____
Infant Feeding	_____	_____	Safety Other	_____	_____			

This Care Plan was Developed in Consultation with the Patient

Case Coordinator Signature and Date

Supervising Physician Signature and Date

## SAMPLE PROBLEM/NEED LIST

### *Psychosocial:*

1. Excessive worries/fears regarding damage to self during pregnancy; fears related to fetus; fear of dying during labor; fears inability to parent, etc.
2. Extreme difficulty or resistance to complying with medical recommendations or restrictions
3. Severe emotional problems
4. Previous pregnancy loss; fetal demise, TAB, SABS, miscarriage, etc.
5. Pregnancy complicated by detection of fetal anomaly
6. Previous psychosocial history of depression; suicidality; psychosis, hospitalization
7. History or current indication of domestic violence
8. Frequent somatic complaints for which no diagnosis can be found
9. Excessive difficulty coping with crisis that interfere with self care
10. Ambivalence, rejection, or denial of pregnancy after 20 weeks gestation
11. Perception that pregnancy will cause the mother permanent physical harm or damage
12. Unrealistic positive or negative feelings about pregnancy/motherhood/parenthood
13. Lack of resources to assist in maximizing pregnancy, labor and delivery, and parenting (i.e., lack and financial resources, medical insurance, transportation, food, clothing, shelter for self and newborn
14. Relationship discard or absence of a support person

### *Health Education*

1. Substance use (smoking; alcohol; prescription, over-the-counter, and street drugs, home remedies)
2. HIV risk status
3. Noncompliance with medical advice
4. Failed appointments
5. Age less than 17 or greater than 35
6. Late initiation of prenatal care
7. Primagravida or multi-gravida with five or more
8. Previous pregnancy problems
9. Nutritional status
10. Occupational risk
11. Diabetes
12. Hypertension
13. Cardiovascular problems
14. Hepatitis
15. Tuberculosis
16. STI history
17. Uterine problems
18. Kidney problems
19. Pulmonary disease
20. Epilepsy
21. Blood problems
22. Preterm labor
23. Preeclampsia
24. Mental disabilities
25. Physical disabilities (speech problems, severe hearing, or vision problems).
26. Inability to read or write or low reading level
27. Incompatible language between client and provider
28. Low education level
29. Low motivation level
30. Negative attitude about pregnancy
31. Little or no experience with U.S. health care
32. Lack of social support structure
33. Inability to reach decisions or comprehension difficulties
34. Extreme anxiety or emotional problem (fear, denial, excessive shyness)
35. Conflict scheduling class times
36. Transportation
37. Family problems/abuse
38. Economic/housing problems
39. Combination of other medical conditions, behaviors, barriers to learning and/or other factors.

## Guidelines for Developing CPSP Enhanced Services Protocols

When developing site-specific protocols for CPSP enhanced services, provide answers to the six questions outlined below.

### WHAT

- Identify the procedure, service, or intervention.
- Indicate what staff is to do; the expectation for the content of the intervention. (Some are specified by Title 22)
- Describe the written documentation expected and form(s) to use, as applicable.
- Indicate the Medi-Cal billing code(s) for the service or procedure.

### WHO

- Identify the staff who will conduct each procedure or provide the service or intervention.
- Identify who will receive a service or procedure (i.e., all clients, pregnant teens, etc.), as applicable.
- Include others who may participate in a procedure or service (i.e., other staff, client's support person), as applicable.

### WHEN

- Indicate when the procedure or service is to be offered or provided; also, how often, the frequency or interval at which a procedure or intervention is to be offered or provided, as applicable. For example: ...each trimester ...at \_\_\_\_ wks. gestation ...each visit ...at first visit ...before/after the initial OB exam ...following initial assessments ...at postpartum visit.

### WHERE

- Indicate where the service or procedure will take place (i.e., in a confidential setting, a specific room), as applicable.
- Indicate where to refer a client when services are off site (i.e., classes, WIC, CHDP).
- Indicate where client should be referred for risk conditions (i.e., drug/alcohol/smoking counseling, diabetes control).
- Indicate where to document the information obtained from the client (i.e. Client Chart)

## HOW

- Based on the capability of staff and level of training, provide necessary detail on how to provide or conduct the procedure, service, or intervention. For example:
  - Methods or tools to use such as film, video, group or one-on-one
  - A specific teaching tool
  - Description of any preferred teaching or interview techniques
- Include specific procedures to follow when making a client referral.
- Include specific instructions for completing forms, as needed.

## WHY

- Indicate the reason for completing the service, procedure, or intervention. For example:
  - Title 22 statute
  - ACOG standards
  - Other rationale/background needed to further explain the service, procedure, or intervention to staff





## CPSP Protocol Worksheet

Topic: \_\_\_\_\_

Provider: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

### WHAT?

*What is the staff to do? What is the content of the service? What written documentation is needed? Indicate appropriate forms to use and billing codes to enter for the procedure.*

### WHO?

*Which practitioner(s) will provide the service or intervention? Who will be offered or receive this service? Who else may participate in the service?*

### WHEN?

*When is the service to be provided? Indicate the frequency or interval at which the service is to be provided.*

### WHERE?

*Where will the client receive the service? Where is the service to be documented?*



## HOW?

*What method(s), techniques, and/or tools are to be used when delivering this service?*

## WHY?

*What is the reason for providing this service?*



## CPSP Enhanced Services Protocol Checklist

Develop site-specific CPSP protocols for the procedures and interventions identified below.

### Routine CPSP Procedures

- ☐ Client orientation
- ☐ Initial assessments
- ☐ Individualized Care Plan
- ☐ Case coordination
- ☐ Dispensing of vitamins
- ☐ Registration and orientation to group classes
- ☐ Orientation to HIV test and HIV risk – see SB 889 for requirements regarding counseling and testing
- ☐ Routine referrals: WIC, Genetic Screening, Dental, Family Planning, CHDP

### Routine CPSP Interventions

- ☐ Nutrition interventions
- ☐ Health Education interventions
- ☐ Psychosocial interventions
- ☐ Group interventions

### Interventions Based on Assessment/Reassessments

- ☐ Smoking cessation
- ☐ Drug or alcohol services
- ☐ Diabetes education
- ☐ Domestic violence
- ☐ Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



CPSP protocols should answer the “what, who, when, where, how, and why” questions outlined on pages 7-47 and 7-48.



### **Reassessments**

- ☐ Nutrition
- ☐ Health Education
- ☐ Psychosocial

### **Postpartum Reassessments**

- ☐ Nutrition
- ☐ Health Education
- ☐ Psychosocial

### **Postpartum Education**

- ☐ Nutrition
- ☐ Health Education
- ☐ Psychosocial Support

## Developing a Quality Assurance Plan

### Overview

- Who CPSP services are provided to
- Philosophy of services

### Purpose of the Plan

- Access, maintain, or improve the standards of CPSP services
- Assure appropriate care according to protocols, assessment forms, and ICP

### Goals and Objectives

- Validate quality of care
- Assess quality of care
- Identify and implement strategies for problem resolution
- Identify trends
- Improve care
- Communicate findings and improvement plans to appropriate persons

### Authority and Responsibility

- Who is responsible for the program
- Who participates in the program
- Who communicates findings

### Scope of Care and Major Clinical Functions

- Who are the services provided to
- Where are the services provided
- Description of the services
- Who provides the services (kinds of staff and individual services)
- Where are protocols (and for whom)

### Aspect of Care

- How will you identify what services are to be monitored:  
occur frequently, effective large numbers of clients, serious consequences, trends

## Monitoring and Evaluating

- Methodology
- Who will identify problems/topics to monitor
- How often will the monitoring be done
- How will information be gathered (chart review, personal observation, client satisfaction reports, stated concerns, logs, statistics)
- Indications for corrective action
- Standards used (CPSP, ACOG)

## Indicators

- What aspects of care are to be monitored

## Reporting Structure

- To whom will the monitoring information be reported

## Program Evaluation

- How often will the Quality Assurance Plan be evaluated



## Comprehensive Perinatal Services Program

### Individual Chart Review Tool

Provider Name: \_\_\_\_\_

✓ = present      0 = absent      N/A = not applicable      2/3/PP = 2nd/3rd trimester/postpartum

Item	Chart								
	1	2	3	4	5	6	7	8	Comments
<b>1. Client Orientation</b> Client orientation is documented 51348(d)(1)									
A signed consent form indicates the client wishes to receive CPSP services									
<b>2. Nutrition</b> Assessment completed using approved, standardized assessment forms 51348(c)(1)(A)									
Reassessments completed each trimester and postpartum 51348(c)(1)(B)&(5)	2/3/PP	2/3/PP	2/3/PP	2/3/PP	2/3/PP	2/3/PP	2/3/PP	2/3/PP	
<b>3. Psychosocial</b> Assessment completed using approved, standardized assessment forms 51348(e)(1)(A)									
Reassessments completed each trimester and postpartum 51348(e)(1)(B)&(4)	2/3/PP	2/3/PP	2/3/PP	2/3/PP	2/3/PP	2/3/PP	2/3/PP	2/3/PP	
<b>4. Health Education</b> Assessment completed using approved, standardized assessment forms 51348(d)(2)(a)									
Reassessments completed each trimester and postpartum 51348(d)(2)(B)&(4)	2/3/PP	2/3/PP	2/3/PP	2/3/PP	2/3/PP	2/3/PP	2/3/PP	2/3/PP	

Item	Chart								
	1	2	3	4	5	6	7	8	Comments
5. ICP Individual care plan is present and is based on the assessments of the four components (obstetrical, nutrition, health education, and psychosocial).									
ICP uses an approved 51179.8 standardized form to address:									
a. Risk conditions									
b. Prioritization of needs									
c. Proposed interventions, including outcome objectives, methods, time frame and referral									
d. Prevention or resolution of component related problems									
e. Client strengths									
f. Staff person responsible									
g. To assure continuity of care, there is documentation that proposed interventions have been followed up (Title X)									
h. Obstetric practitioner's signature indicates plan was developed in consultation with the client									
i. A case coordinator is identified 51179.6									
j. Vitamin and mineral supplements have been dispensed or prescribed 51348(c)(3)									



Item	Chart								
	1	2	3	4	5	6	7	8	Comments
<b>6. Referrals</b> Client referred to appropriate non-CPSP services, including but not limited to:									
a. WIC									
b. Genetic disease screening and counseling									
c. CHDP (for baby)									
d. Family planning									
e. Dental									
f. If client is identified as a smoker, she was counseled and referred for cessation services									
<b>DATA ELEMENTS</b>									
1. Total number of obstetrical prenatal visits									
2. Date of first prenatal visit									
3. Date first entered CPSP care									
4. Date of most current visit									
5. Number of initial assessments									
6. Number of reassessments									
7. LMP									
8. Date of delivery (if applicable)									
9. Birth weight of infant (if applicable)									
10. Client attended childbirth education classes									
11. Client's weight gain fell within the normal range for her pre-pregnant weight (from weight grid)									



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## Comprehensive Perinatal Services Program Individual Chart Review Summary

Provider Name: \_\_\_\_\_

Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

INDICATOR	YES	NO	N/A	% COMPLIANCE	COMMENTS
1. Client orientation is documented 51348(d)(1)					
a. Participation in CPSP is voluntary, a signed consent form indicates the client wishes to receive CPSP services					
2. Using approved, standardized assessment forms, an initial nutrition assessment is completed 51348(c)(1)(A)					
a. Nutrition reassessments have been completed each trimester and postpartum 51348(c)(1)(B)&(5)					
3. Using approved, standardized assessment forms, an initial psychosocial assessment is completed 51348(e)(1)(A)					
a. Psychosocial reassessments have been completed each trimester and postpartum 51348(c)(1)(B)&(5)					
4. Using approved, standardized assessment forms, an initial health education assessment is completed 51348(e)(1)(A)					
a. Health education reassessments have been completed each trimester and postpartum 51348(c)(1)(B)&(5)					

INDICATOR	YES	NO	N/A	% COMPLIANCE	COMMENTS
5. The individualized care plan is present and is based on the assessment of the four components (obstetric, nutrition, health education, and psychosocial). It uses an approved standardized form to address, 51179.8:					
a. Risk conditions					
b. Prioritization of needs					
c. Proposed interventions, including outcome objectives, methods, timeframe, and referral					
d. Prevention or resolution of component-related problems					
e. Client strengths					
f. Staff person responsible					
g. To assure continuity of care, there is documentation that proposed interventions have been followed up (Title X)					
h. Obstetric practitioners signature indicates plan was developed in consultation with the client					
i. A case coordinator is identified on the individualized care plan 51179.6					
j. Vitamin & mineral supplements have been dispensed or prescribed 51348(c)(3)					

INDICATOR	YES	NO	N/A	% COMPLIANCE	COMMENTS
6. The CPSP provider shall refer clients, as appropriate, to services not specifically a part of CPSP services. These shall include, but not limited to, 51348(j):					
a. WIC					
b. Genetic disease screening and counseling					
c. CHDP (for baby)					
d. Family planning					
e. Dental					
f. If client is identified as a smoker, she was counseled and referred for cessation services					
7. HIV counseling and voluntary testing was offered (SB 889 of the California Health and Safety Code, Section 125107)					



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## Applying for Medi-Cal

You can apply for Medi-Cal benefits or you can apply for AFDC, which includes Medi-Cal and a cash grant. To apply for either program, you must get an application from one of the places listed below.

- The welfare office
- The clinic staff
- A provider who offers Presumptive Eligibility

You can ask for an application in Spanish.

Write your Medi-Cal eligibility worker's name and telephone number below. If you have any questions about your Medi-Cal eligibility, be sure to call this person.

Welfare Office \_\_\_\_\_

Eligibility Worker's Name \_\_\_\_\_

Phone # \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Phone # \_\_\_\_\_

## What You Need to Have

Your Medi-Cal application will be processed faster if you have all the information listed below when you go to your first visit.

- ☐ **Identification:** Take a birth certificate, driver's license, California ID card, student ID, marriage license, or green card. **Take identification for yourself and each family member living with you.**
- ☐ **Social Security Number:** If you are a citizen or legal resident of the U.S., or you have applied or are applying for amnesty, take your Social Security number. Also take the Social Security number of each family member living with you. **If you are applying for restricted benefits, you will need to give your Social Security number only, if you have one.**
- ☐ **Proof of Residency:** Take proof that you live in California, such as rent or mortgage receipts, utility bills, California vehicle registration or driver's license, proof of child's enrollment in school, or a State ID Card.
- ☐ **Proof of Income** (if any): If you have income, take pay stubs, income tax forms, or a letter from an employer. **Take income information for each family member living with you.**

- ☐ **Proof of Property** (if any): If you own property, take a bank statement, tax assessment, or some other proof of property ownership. If you are applying for Medi-Cal benefits only for your pregnancy, you may not have to provide this evidence.
- ☐ **Proof of Pregnancy:** Take a signed statement from your doctor or clinic showing your due date.

If you cannot get all the information ready for your first visit, do not delay completing a Medi-Cal application. You can give your Medi-Cal eligibility worker the information at another visit and you can also ask your eligibility worker for help in getting the information.

## What to Expect

### *1st Visit*

- You may have a group orientation.
- Be prepared: you may have to wait.
- Tell someone you have an immediate need if you are in an emergency situation, such as needing to see a doctor this month, facing eviction, or having no income for the month.

### *2nd Visit*

Fill out the application completely and accurately before you go for your second visit.

- Take the application and all the documents listed on the other side of this sheet.
- Your forms will be reviewed and checked for completion.
- They will be copied and returned to you.
- You will make an appointment to meet with an eligibility worker. Keep that appointment or you may be denied Medi-Cal.
- It may take up to 45 days to evaluate your eligibility.
- You will receive a letter of approval or denial. This is called a Notice of Action.
- Telephone your Medi-Cal eligibility worker immediately if you do not receive the Notice of Action letter after 45 days.



**Notice of Action***If You Are Approved*

- You will receive a Benefits Identification Card (BIC) in the mail. (Exception: Those approved for Minor Consent Services will receive a paper card at the welfare office. If you have an immediate need, you may get a paper card first, then a BIC in the mail.)
- Take this card to your provider to help pay for early, regular prenatal care.
- Do not throw the BIC away, even if you are no longer eligible for Medi-Cal.

*If You Are Denied*

If you feel the denial is wrong, you have the right to appeal the denial. Instructions for filing an appeal are on the back of the denial letter.

If you are re-applying, you may not get retroactive coverage for any month that you were already denied for.



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## APPENDIX

### **The Codes/Regulations**

Codes and Regulations 22CCR

**Excerpt from Medi-Cal  
Provider Handbook**

List of CPSP billing codes

**Medi-Cal Managed  
Care Policy Letter 9**



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**TITLE 22****MEDICAL ASSISTANCE PROGRAM**

(Register 88, No. 15-4-9-88)

**§51001**

(P. 1238.77)

**CHAPTER 3. HEALTH CARE SERVICES**  
**Article 1.3. General Provisions****51001. Beneficiary.**

As used in this Chapter, the term “beneficiary” means any person certified as eligible for services under the Medi-Cal program. NOTE: Authority cited: sections 10725 and 14124.5, Welfare and Institutions Code. Reference: Sections 14000 and 14005, Welfare and Institutions Code.

**HISTORY:**

1. Amendment filed 6-5-67 as an emergency; effective upon filing. Certificate of Compliance filed 6-9-67 (Register 67, No. 23).
2. Amendment filed 6-22-87; operative 7-22-87 (Register 87, No. 27).

**51002. Beneficiary Billing.**

(a) A provider of service under the Medi-Cal program shall not submit claims to or demand or otherwise collect reimbursement from a Medi-Cal beneficiary, or from other persons on behalf of the beneficiary, for any service included in the Medi-Cal program’s scope of benefits in addition to a claim submitted to the Medi-Cal program for that service, except to:

(1) Collect payments due under a contractual or legal entitlement pursuant to Section 14000(b) of the Welfare and Institutions Code.

(2) Bill a long-term care patient for the amount of his liability.

(3) Collect co-payment pursuant to Welfare and Institutions Code Section 14134. NOTE: Authority cited: Sections 10725 and 14124.5, Welfare and Institutions Code; Section 133.5 of Chapter 102, Statutes of 1981; and Section 2 of Chapter 237, Statutes of 1981. Reference: Section 14134, Welfare and Institutions Code.

**HISTORY:**

1. Amendment filed 1-18-74; effective thirtieth day thereafter (Register 74, No. 3). For prior history, see Register 72, No. 5.
2. Amendment filed 8-8-78; effective thirtieth day thereafter (Register 78, No. 32).
3. New subsection (2) (3) filed 11-17-81 as an emergency; effective upon filing (Register 81, No. 47). A certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 3-17-82.
4. Certificates of Compliance transmitted to OAL 3-16-82 and filed 4-16-82 (Register 82, No. 16).

**51003. Prior Authorization.**

(a) “Prior authorization”, “reauthorization”, or “approval” means authorization granted by a designated Medi-Cal Consultant in advance of the rendering of a service, unless otherwise specifically stated, after appropriate medical, dental or other review. The responsibilities of the Medi-Cal Consultant shall not be delegated, except to the extent provided under Sections 51013 and 51014.

(b) Retroactive approval of requests for prior authorization may be granted only under the following conditions:

(1) When certification of the Medi-Cal beneficiary’s eligibility by the county welfare department was delayed;

(2) When “other coverage” (i.e., Medicare or other health insurance programs) denied payment of a claim for services;

**TITLE 22****MEDICAL ASSISTANCE PROGRAM****§51001**

(Register 88, No. 15-4-9-88)

(P. 1238.78)

(3) When communication with the Medi-Cal Consultant could not be established and provision of the required service should not have been delayed; under this condition the request for retroactive authorization must be received by the Medi-Cal Consultant within 10 working days after the service is provided or initiated.

(4) When a patient does not identify himself to the provider as a Medi-Cal beneficiary by deliberate concealment or because of physical or mental incapacity to so identify himself;

(A) The request for retroactive authorization shall be accompanied by a statement from the provider certifying that the patient did not identify himself and the date the patient was so identified, provided such date is within one year after the month in which service was rendered.

(B) The request for retroactive authorization shall be submitted within 60 days following the certified date of beneficiary identification.

(5) When the Department determines that the provider was prevented from submitting a timely request for reauthorization because of a reason that meets one of the criteria specified in paragraph (A), (B) or (C). The provider shall submit factual documentation deemed necessary by the Department with the reauthorization request. Any additional documentation requested by the Department shall be submitted within 60 days of the request. The documentation shall verify that the late submission was due to:

(A) A natural disaster which has:

1. Destroyed or damaged the provider's business office or records.
2. Substantially interfered with a provider's agent's processing of the provider's Treatment Authorization Requests (TARs).

(B) Delay caused by other circumstances beyond the control of the provider which have been reported to the appropriate law enforcement or fire agency when applicable. Circumstances which shall not be considered beyond the control of the provider include but are not limited to:

1. Negligence by employees.
2. Misunderstanding of program requirements.
3. Illness or absence of any employee trained to prepare TARs.
4. Delays caused by the United States Postal Service or any private delivery service.

(6) When the Department has imposed postservice prepayment audits as set forth in Section 51159(b), for emergency services pursuant to Section 51056(b) (2), by requiring providers to utilize the procedures for obtaining authorization on a retroactive basis.

(c) "Reauthorization" means authorization of a request received by the Medi-Cal Consultant before the expiration of the previous authorization for a service being rendered.

(d) All authorization requests shall include adequate information and justification for the service requested for the beneficiary.

(e) Authorization may be granted only for Medi-Cal benefits that are medically necessary and do not exceed health care services received by the public generally for similar medical conditions. The "Manual of Criteria for Medi-Cal Authorization" published by the Department in January 1982, last amended in March 1988 and herein incorporated by reference in its entirety, shall be the basis for the professional judgments of Medi-Cal consultants in their decision on authorizations for services or conditions listed in the Manual. Such authorization shall be valid for the number of days specified in this chapter. The consultant may grant authorization for up to a maximum of one year when the treatment as authorized is clearly expected to continue unmodified for up to or beyond one year.

**TITLE 22****MEDICAL ASSISTANCE PROGRAM****§51001**

(Register 88, No. 15-4-9-88)

(P. 1239)

(f) Authorization may be granted only for the lowest cost item or service covered by the program that meets the patient's medical needs.

(g) A provider may appeal the decision of Medi-Cal Consultant on a TAR. Such an appeal shall be received by the administrator of the Medi-Cal field office which denied the initial request within 60 calendar days from the date of provider notification of the Medi-Cal Consultant's decision.

(1) The appeal shall be submitted in writing to the administrator of the local Medi-Cal field office.

(2) If the administrator of the local Medi-Cal field office finds no basis for altering the original decision of the Medi-Cal consultant, the provider shall be informed in writing, within 60 calendar days of receipt of the appeal, of the local Medi-Cal field office administrator's decision, the basis therefore, and the provider's right to resubmit the appeal to the Field Services Headquarters.

(3) An appeal to the Field Services Headquarters shall be initiated within 30 calendar days from the date of provider notification of the local Medi-Cal field office administrator's decision. The Department shall act on the appeal and inform the provider directly of the Department's decision, and the basis therefore, within 60 calendar days from the receipt of the appeal submitted to the Field Services Headquarters. NOTE: Authority cited: Section 10725, 1405, 15124.5, 14132.5, 14133, Welfare and Institutions Code; and Sections 208.3 and 1267.7, Health and Safety Code; and Section 57(c), chapter 328, Statutes of 1982. Reference: Sections 14053, 14087, 14103.6, 14132, 14132.5, 14133, 14133.1, 14133.25 and 14133.3, Welfare and Institutions Code.

**HISTORY:**

1. Editorial correction of subsection (e) filed 3-29-84 as an emergency; designated effective 4-1-84 (Register 84, No. 15).
2. Editorial correction of HISTORY NOTE No. 1 (Register 85, No. 27). For prior history, see Register 84, No. 2.
3. Amendment of subsection (e) filed 7-2-85; designated effective 8-1-85 pursuant to Government Code Section 11346.2(d) (Register 85, No. 27).
4. Amendment of subsection (b) (3) filed 8-13-85; effective thirtieth day thereafter (Register 85, No. 33).
5. Amendment of subsection (e) filed 11-15-85; effective thirtieth day thereafter (Register 85, No. 46).
6. Amendment of subsection (e) filed 1-17-86; effective upon filing pursuant to Government Code Section 11346.2(d) (Register 86, No. 3).
7. Amendment of subsection (e) filed 6-3-86 as an emergency; effective upon filing (Register 86, No. 23). A Certificate of compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 10-1-86.
- 8.. Amendment of subsection (e) refilled 11-3-86 as an emergency; effective 10-1-86 (Register 86, No. 45). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 1-29-87.
9. Change without regulatory effect of subsection (a) (Register 86, No. 49).
10. Amendment of subsection (e) filed 11-12-86; effective thirtieth day thereafter (Register 86, No. 49).
11. Certificate of Compliance including amendment of subsection (e) as to 11-3-86 order filed 1-20-87 (Register 87, No. 4).
12. Amendment of subsection (e) filed 2-17-87 as an emergency; effective upon filing (Register 87, No. 8). A Certificate of Compliance must be transmitted to OAL within 120 days of emergency language will be repealed on 6-17-87.
13. Amendment of subsection (e) refilled 6-5-87 as an emergency; operative 6-17-87 (Register 87, No. 25). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on will be repealed on 10-15-87.
14. Certificate of Compliance filed 9-17-87 (Register 87, No. 38).
15. Amendment of subsection (e) filed 10-27-87 as an emergency; operative 10-27-87 (Register 87, No. 44). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 2-24-88.
16. Certificate of Compliance including amendment of subsection (e) transmitted to OAL 2-24-88 and filed 3-22-88 (Register 88, No. 15).

**TITLE 22****MEDICAL ASSISTANCE PROGRAM****§51050**

(Register 87, No. 44-10-31-87)

(P. 1244.4)

**Article 2. Definitions****51051. Provider of Services.**

(a) "Provider of services" means any individual, partnership, clinic, group, association, corporation, institution, or public agency designated in (b) below, meeting applicable standards for participation with the Medi-Cal program.

(b) Providers of services are:

Acupuncturists  
 Assistive Device and Sick Room Supply  
 Dealers Audiologists  
 Blood Banks  
 Child Health and Disability Prevention  
 Providers Christian Science Facilities  
 Christian Science Practitioners  
 Clinical Laboratories  
 Comprehensive Perinatal Providers  
 Dental School Clinics  
 Dentists  
 Dispensing Opticians  
 Hearing Aid Dispensers  
 Home Health Agencies  
 Hospices  
 Hospital Outpatient Departments  
 Hospitals  
 Intermediate Care Facilities  
 Intermediate Care Facilities for the Developmentally Disabled  
 Nurse Anesthetists  
 Nurse Midwives  
 Nurse Practitioners  
 Occupational Therapists  
 Ocularists  
 Optometrists  
 Orthotists  
 Organized Outpatient Clinics  
 Outpatient Heroin Detoxification Providers  
 Pharmacies/Pharmacists  
 Physical therapists Physicians  
 Podiatrists  
 Portable X-ray Services  
 Prosthetists Providers of Medical Transportation  
 Psychologists  
 Rehabilitation Centers  
 Renal Dialysis Centers and Community Hemodialysis Units  
 Rural Health Clinics  
 Short-Doyle Medi-Cal Providers Skilled Nursing Facilities  
 Speech Therapists

NOTE: Authority cited: Sections 10725, 14100.1, 14105 and 14124.5, Welfare and Institutions Code. Reference: Sections 14100.1, 14105, 14115.6, 14124.5, 14132, 14132.4, and 14134.5, Welfare and Institutions Code.



**TITLE 22****MEDICAL ASSISTANCE PROGRAM****§51051**

(Register 88, No. 15-4-9-88)

(P. 1245)

**HISTORY:**

1. Amendment of subsection (b) filed 6-23-77; effective thirtieth day thereafter (Register 77, No. 26). For prior history, see Register 76, No. 2.
2. Amendment of subsection (b) filed 8-1-78 as an emergency; effective upon filing (Register 78, No. 31).
3. Certificate of Compliance transmitted to OAL 11-28-78 and filed 11-29-78 (Register 78, No. 48).
4. Amendment filed 3-2-79; effective thirtieth day thereafter (Register 79, No. 9).
5. Amendment of subsection (b) filed 4-30-81; effective thirtieth day thereafter (Register 81, No. 18).
6. Amendment of subsection (b) filed 12-21-83; effective thirtieth day thereafter (Register 83, no. 52).
7. Amendment of subsection (b) filed 8-13-86; effective upon filing (Register 86, No. 33).
8. Amendment of subsection (b) filed 2-17-87 as an emergency; effective upon filing (Register 87, No. 8). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 6-17-87.
9. Amendment of subsection (b) refilled 6-5-87; operative 6-17-887 (Register 87, No. 25). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 10-15-87.
10. Amendment of subsection (b) filed 7-23-87; operative 8-22-87 (Register 87, No. 31).
11. Certificate of Compliance as to 6-5-87 order filed 9-17-87 (Register 87, No. 38).
12. Amendment of subsection (b) filed 10-27-87 as an emergency; operative 10-27-87 (Register 87, No. 44). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 2-24-88.
13. Certificate of Compliance transmitted to OAL 2-24-88 and filed 3-22-88 (Register 88, No. 15).

**TITLE 22****MEDICAL ASSISTANCE PROGRAM****§51179**

(Register 87, No. 38-9-19-87)

(P. 1262.14)

**51179. Comprehensive Perinatal Services.**

“Comprehensive perinatal services” means obstetric, psychosocial, nutrition, and health education services, and related case coordination provided by or under the personal supervision of a physician during pregnancy and 60 days following delivery. NOTE: Authority cited: Sections 10725, 14105 and 14124.5, Welfare and Institutions Code. Reference: Sections 14053, 14132 and 1434.5, Welfare and Institutions Code.

**HISTORY:**

1. New section filed 2-17-87 as an emergency; effective upon filing (Register 87, No. 8). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 6-17-87.
2. New section refilled as an emergency 6-5-87; operative 6-17-87 (Register 87, No. 25). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 10-15-87.
3. Certificate of Compliance including amendment filed 9-17-87 (Register 87, No. 38).

**TITLE 22****MEDICAL ASSISTANCE PROGRAM****§51179.1**

(Register 87, No. 38-9-19-87)

(P. 1262.14.1)

**51179.1. Comprehensive Perinatal Provider.**

“Comprehensive perinatal provider” means any general practice physician, family practice physician, obstetrician/gynecologist, pediatrician, a group, any of whose members are one of the above-named physicians, or any preferred provider organization, organized outpatient clinic, or any other clinic holding a valid Medi-Cal provider number, approved by the Department to provide comprehensive perinatal services. NOTE: Authority cited: Section 10725, 14105 and 14124.5, Welfare and Institutions Code. Reference: Sections 14053, 14132 and 14134.5, Welfare and Institutions Code.

**HISTORY:**

1. New section filed 2-17-87 as an emergency; effective upon filing (Register 87, No. 8). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 6-17-87.
2. New section refilled as an emergency 6-5-87; operative 6-17-87 (Register 87, No. 25). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 10-15-87.
3. Certificate of Compliance filed 9-17-87 (Register 87, No. 38).

**51179.2. Comprehensive Perinatal Nutrition Services.**

“Comprehensive perinatal nutrition services” means direct patient care nutrition services provided by any qualified professional as specified in Section 51179.7, pursuant to protocols as defined in Section 51179.10. NOTE: Authority cited: section 10725, 14105 and 14124.5, Welfare and Institutions Code. Reference: Sections 14053, 14132 and 14134.5, Welfare and Institutions Code.

**HISTORY:**

1. New section filed 2-17-87 as an emergency; effective upon filing (Register 87, No. 8). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 6-17-87.
2. New section refilled 6-5-87 as an emergency; operative 6-17-87 (Register 87, No. 25). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 10-15-87.
3. Certificate of Compliance including amendment filed 9-17-87 (Register 87, No. 38).

**51179.3. Comprehensive Perinatal Psychosocial Services.**

“Comprehensive perinatal psychosocial services” means direct patient care psychosocial services provided by any qualified professional as specified in Section 51179.7, pursuant to protocols as defined in Section 51179.10. NOTE: Authority cited: Sections 10725, 14105 and 14124.5, Welfare and Institutions Code. Reference: Sections 14053, 14132 and 14134.5, Welfare and Institutions Code.

**HISTORY:**

1. New section filed 2-17-87 as an emergency; effective upon filing (Register 87, No. 8). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 6-17-87.
2. New section refilled 6-5-87 as an emergency; operative 6-17-87 (Register 87, No. 25). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 10-15-87.
3. Certificate of Compliance including amendment filed 9-17-87 (Register 87, No. 38).

**TITLE 22****MEDICAL ASSISTANCE PROGRAM****§51179.4**

(Register 87, No. 38-9-19-87)

(P. 1262.14.2)

**51179.4. Comprehensive Perinatal Health Education Services.**

“Comprehensive perinatal health education services” means direct patient care health care education services provided by any qualified professional as specified in Section 51179.7, pursuant to protocols as defined in Section 51179.10. NOTE: Authority cited: Sections 10725, 14105 and 14124.5, Welfare and Institutions Code. Reference: Sections 14053, 14132 and 14134.5, Welfare and Institutions Code.

**HISTORY:**

1. New section filed 2-17-87 as an emergency; effective upon filing (Register 87, No. 8). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 6-17-87.
2. New section refilled 6-5-87 as an emergency; operative 6-17-87 (Register 87, No. 25). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 10-15-87.
3. Certificate of Compliance including amendment filed 9-17-87 (Register 87, No. 38).

**51179.5. Personal Supervision.**

“Personal supervision” means evaluation, in accordance with protocols, by a licensed physician, of services performed by others through direct communication, either in person or through electronic means. NOTE: Authority cited: Sections 10725, 14105 and 14124.5, Welfare and Institutions Code. Reference: Sections 14053, 14132, and 14134.5, Welfare and Institutions Code.

**HISTORY:**

1. New section filed 2-17-87 as an emergency; effective upon filing (Register 87, No. 8). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 6-17-87.
2. New section refilled 6-5-87 as an emergency; operative 6-17-87 (Register 87, No. 25). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 10-15-87.
3. Certificate of Compliance including amendment filed 9-17-87 (Register 87, No. 33).

**51179.6. Case Coordination.**

“Case coordination” means organizing the provision of comprehensive perinatal services, and includes, but is not limited to, supervision of all aspects of patient care including antepartum, intrapartum, and postpartum. NOTE: Authority cited: Sections 10725, 14105 and 14124.5, Welfare and Institutions Code. Reference: Sections 14053, 14132, and 14134.5, Welfare and Institutions Code.

**HISTORY:**

1. New section filed 2-17-87 as an emergency; effective upon filing (Register 87, No. 8). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 6-17-87.
2. New section filed 6-5-87 as an emergency; operative 6-17-87 (Register 87, No. 25). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 10-15-87.
3. Certificate of Compliance wiled 9-17-87 (Register 87, No. 38).

**51179.7. Comprehensive Perinatal Practitioner.**

(a) “Comprehensive Perinatal Practitioner” means any one of the following:

- (1) A physician who is either:
  - (A) A general practice physician, or
  - (B) A family practice physician, or
  - (C) A pediatrician, or
  - (D) An obstetrician-gynecologist.

**TITLE 22****MEDICAL ASSISTANCE PROGRAM****§51179.7**

(Register 87, No. 38-9-19-87)

(P. 1262.14.3)

(2) A Certified Nurse Midwife as defined in Section 51170.2

(3) A Registered Nurse who is licensed as such by the Board of Registered Nursing and who has one year experience in the field of maternal and child health.

(4) A Nurse Practitioner as defined in Section 51170.3.

(5) A Physician's Assistant as defined in Section 51170.1.

(6) A social worker who either:

(A) Holds a Master's Degree or higher in social work or social welfare from a college or university with a Social Work Degree program accredited by the Council on Social Work Education and who has one year of experience in the field of Maternal and Child Health, or

(B) Holds a Master's Degree in psychology or Marriage, Family and Child counseling and has one year of experience in the field of Maternal and Child Health, or

(C) Holds a Baccalaureate Degree in social work or social welfare from a college or university with a Social Work Degree program accredited by the Council on Social Work Education and who has one year experience in the field of Maternal and Child Health.

(7) A health educator who either has:

(A) A Master's Degree (or higher) in Community or Public Health Education from a program accredited by the Council on Education for Public Health and who has one year of experience in the field of Maternal and Child Health, or

(B) A Baccalaureate Degree with a major in Community or Public Health Education and who has one year of experience in the field of Maternal and Child Health.

(8) A childbirth educator who is:

(A) Licensed as a Registered Nurse by the Board of Registered Nursing and has one year experience in a program which complies with the "Guidelines for Childbirth Education" (last published in 1981), herein incorporated by reference in its entirety and available from the American College of Obstetricians and Gynecologists, 600 Maryland Avenue, South West, Suite 300 East, Washington, D.D., 20024-2588 or

(B) A Certified Childbirth Educator who has completed a training program and is currently certified to teach that method of childbirth education by the American Society for Psychoprophylaxis in Obstetrics, or Bradley, or the International Childbirth Education Association.

(9) A dietician who is registered, or is eligible to be registered by the Commission on Dietetic Registration, the credentialing agency of the American Dietetic Association, with one year of experience in the field of perinatal nutrition.

(10) A comprehensive perinatal health worker who:

(A) Is at least 18 years of age, is a high school graduate or equivalent, and has at least one year of full-time paid practical experience in providing perinatal care;

(B) Provides services in a clinic that is either licensed or exempt from licensure under Section 1200 et seq. and 1250 et seq. of the Health and Safety Code, under the direct supervision of a comprehensive perinatal practitioner as defined in Section 51179.7(a) (1).

**TITLE 22****MEDICAL ASSISTANCE PROGRAM****§51179.8**

(Register 87, No. 38-9-19-87)

(P. 1262.14.4)

(11) A licensed vocational nurse who is licensed under Section 2516 of the Business and Professions Code and who has one year of experience in the field of Maternal and Child Health. NOTE: Authority cited: Sections 10725, 14105 and 14124.5, Welfare and Institutions Code. Reference: Sections 14053, 14132 and 14134.5, Welfare and Institutions Code.

**HISTORY:**

1. New section filed 2-17-87 as an emergency; effective upon filing (Register 87, No. 8). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 6-17-87.
2. New section refiled 6-5-87 as an emergency; operative 6-17-87 (Register 87, No. 25). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 10-15-87.
3. Certificate of Compliance including amendment filed 9-17-87 (Register 87, NO. 38).

**51179.8. Individualized Care Plan.**

“Individualized Care Plan” means a document developed by a comprehensive perinatal practitioner(s) in consultation with the patient. The plan consists of four components; obstetrical, nutritional, health education, and psychosocial. Each component includes identification of risk conditions, prioritization of needs, proposed interventions including methods, timeframes, and outcome objectives, proposed referrals and staff persons’ respective responsibilities, based on the results of assessments. NOTE: Authority cited: Sections 10725, 14105 and 14124.5, Welfare and Institutions Code. Reference: Sections 14053, 14132 and 14134.5, Welfare and Institutions Code.

**HISTORY:**

1. New section filed 2-17-87 as an emergency; effective upon filing (Register 87, No. 8). A Certificate of Compliance must be transmitted to OAL within 120 days of emergency language will be repealed on 6-17-87.
2. New section refiled 6-5-87 as an emergency; operative 6-17-87 (Register 87, No. 25). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 10-15-87.
3. Certificate of Compliance including repealer of former Section 51179.8, and renumbering and amendment of Section 51179.9 to Section 51179.8 filed 9-17-87 (Register 87, No. 38).

**51179.9. Protocol.**

“Protocol” means written procedures for providing psychosocial, nutrition, and health education services and related case coordination. Protocols shall be approved by the Comprehensive Perinatal Provider as defined in Section 51179.7(a) (1) and the Comprehensive Perinatal Practitioners as defined in Sections 51179.7(a) (6) (A) or 51179.7(a) (6) (B), and Section 51179.7(a) (7) (A) and Section 51179.7(a) (9). Protocols shall be developed, approved, and adopted within six months of the effective date of provider approval as a Comprehensive Perinatal Provider. NOTE: Authority cited: Sections 10725, 14105 and 14124.5, Welfare and Institutions Code. Reference: Sections 14053, 14132 and 14134.5, Welfare and Institutions Code.

**HISTORY:**

1. New section filed 2-17-87 as an emergency; effective upon filing (Register 87, No. 8). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 6-17-87.
2. New section refiled 6-5-87 as an emergency; operative 6-17-87 (Register 87, No. 25). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 10-15-87.
3. Certificate of Compliance including renumbering of former Sections 51179.3, and renumbering and amendment of Section 51179.10 to Section 51179.9 filed 9-17-87 (Register 87, No. 38).

**TITLE 22****MEDICAL ASSISTANCE PROGRAM****§51249**

(Register 88, No. 15-4-9-88)

(P. 1264.7)

**Article 3. Standards for Participation****51249. Application Process for Comprehensive Perinatal Providers.**

(a) Except where a capitated health system contract entered into by Department provides otherwise, to become a comprehensive perinatal provider as defined in Section 51179.1, the Medi-Cal enrolled provider shall complete and submit a Department approved application form entitled Application for Certification As A Comprehensive Perinatal Provider Under Medi-Cal to the local health department or designated State agent for review. The designated agent may include counties or other non-profit organizations as designated by the Director of the Department. Applications shall be available from the local Comprehensive Perinatal Services Program Coordinator or the State Maternal and Child Health Branch, 714 P Street, Sacramento, CA 95814

(b) The department shall utilize the following criteria in evaluating application.

(1) Provider's ability to provide the services specified in Section 51348 through the provider's own service or through subcontractors.

(2) Training and experience of providers rendering services specified in Section 51348.

(3) Quality of care rendered by providers as evidenced by history of:

(A) Revocations, suspensions, or restrictions by a licensing authority.

(B) The extent of training received in the provision of comprehensive perinatal care which has been approved by the State.

(c) The Department shall have responsibility for the final decision and for notifying the provider of acceptance or rejection of the application.

(d) The Department shall:

(1) Within 60 calendar days from receipt of the application, inform the applicant in writing that the application is complete and acceptable or that the application is deficient and what specific information or clarification is necessary.

(2) Within 60 calendar days from receipt of an application which is complete upon initial submission, reach a decision to approve or deny the applicant for participation as a comprehensive perinatal provider.

(3) Within 60 calendar days from receipt of any information or clarification necessary to make an application complete, reach a decision to approve or deny the applicant for participation as a comprehensive perinatal provider.

(4) Send written notification to be applicant upon approval or denial for participation as a comprehensive perinatal provider. The written notification of the denial shall contain the basis for the denial.

**TITLE 22****MEDICAL ASSISTANCE PROGRAM****§51249**

(Register 88, No. 15-4-9-88)

(P. 1264.8)

(e) An applicant whose application has been denied shall have 30 calendar days from the date of the receipt of written notification of the denial to submit a written appeal to the Department. This written appeal shall contain factual statements as to why the applicant meets the criteria which have been cited as the basis for the denial of the application. The Department shall issue a written decision within 60 calendar days of receipt of the applicant's appeal. NOTE: Authority cited: Sections 10725, 14105 and 14124.5, Welfare and Institutions Code. Reference: Sections 14053, 14132 and 14134.5, Welfare and Institutions Code; and Section 15376(a) and (b), Government Code.

**HISTORY:**

1. New section filed 2-17-87 as an emergency; effective upon filing (Register 87, No. 8). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 6-17-87.
2. New section refiled 6-5-87 as an emergency; operative 6-17-87 (Register 87, No. 25). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 10-15-87.
3. Certificate of Compliance including amendment of subsection (a) filed 9-17-87 (Register 87, No. 38).



**TITLE 22****MEDICAL ASSISTANCE PROGRAM****§51348**

(Register 88, No. 24-6-11-88)

(P. 1294.2.12)

**Article 4. Scope and Duration of Benefits****51348. Comprehensive Perinatal Services.**

(a) Comprehensive perinatal services, as defined in Section 51179, are covered to the extent specified in this section. Prior authorization is required for nutrition, psychosocial and health education services, which exceed the Maximum Frequency amounts as set forth in Section 51504.

(b) Except where a capitated health system contract entered into by the Department provides otherwise, obstetric services in addition to all necessary medical care shall include, but are not limited to:

- (1) A written assessment of each patient's obstetric component.
- (2) Preparation of the individualized care plan obstetric status.

(c) Except where a capitated health system contract entered into by the Department provides otherwise, nutrition services shall include but are not limited to:

- (1) Written assessments of each patient's nutritional status.
- (A) A complete initial nutrition assessment shall be performed at the initial visit or within four weeks thereafter and shall include: anthropometric data, biochemical data, clinical data, and dietary data.
- (B) A nutrition reassessment using updated information shall be offered to each client at least once every trimester and the individualized care plan revised accordingly.

(2) Preparation of the individualized care plan nutritional component that address:

- (A) The prevention and/or resolution of nutrition problems.
- (B) The support and maintenance of strengths and habits oriented toward optimal nutritional status, and;
- (3) Dispensing, as medically necessary, prenatal vitamin/mineral supplement to each client.
- (4) Treatment and intervention directed toward helping the patient understand the importance of, and maintain good nutrition during pregnancy and lactation, with referrals as appropriate.
- (5) Postpartum reassessment, development of a care plan, and interventions.

(d) Except where a capitated health system contract entered into by the Department provides otherwise, health education services shall include, but are not limited to:

(1) Client orientation including, but not limited to provision of detailed information regarding the services to be provided, what to do in case of an emergency, and:

(2) Written assessment of each patient's health education status.

(A) A complete initial education assessment shall be performed at the initial visit or within four weeks thereafter and shall include an evaluation of: current health practices; past experience with health care delivery systems; prior experience with and knowledge about pregnancy, prenatal care, delivery, postpartum self-care, infant care, and safety; client's expressed learning need; formal education and reading level; learning methods most effective for the client; educational needs related to diagnostic impressions, problems, and/or risk factors identified by staff; languages spoken and written; mental, emotional, or physical disabilities that affect learning; mobility/residency; religious/cultural influences that impact upon perinatal health; and client and family or support person's motivation to participate in the educational plan.

**TITLE 22****MEDICAL ASSISTANCE PROGRAM****§51348**

(Register 88, No. 24-6-11-88)

(P. 1294.2.13)

(B) An education reassessment using updated information shall be offered to each client every trimester and the individualized care plan revised accordingly.

(3) Preparation of the individualized care plan health education component that addresses:

(A) Health education strengths.

(B) The prevention and/or resolution of health education problems and/or needs and medical conditions and health promotion/risk reduction behaviors which can be ameliorated and/or resolved through education.

(C) The goals to be achieved via health education interventions.

(D) Health education interventions based on the patient's identified needs, interests, and capabilities, and particularly directed toward assisting the patient to make appropriate, well-informed decisions about her pregnancy delivery, and parenting, with referrals, as appropriate.

(4) Postpartum assessment, development of care plan, an interventions.

(e) Except where a capitated health care system contract entered into by the Department provides otherwise, psychosocial services shall include, but are not limited to:

(1) Written assessments of each patient's psychosocial status.

(A) A complete initial assessment of psychosocial functioning shall be performed at the initial visit or within four weeks thereafter and shall include review of: current status including social support system; personal adjustment to pregnancy; history of previous pregnancies; patient's goals for herself in this pregnancy; general emotional status and history; wanted or unwanted pregnancy, acceptance of the pregnancy; substance use and abuse; housing/household; education/employment; and financial/material resources.

(B) A psychosocial reassessment using updated information shall be offered to each client every trimester, and the individualized care plan revised accordingly.

(2) Preparation of the individualized care plan psychosocial component that addresses:

(A) The prevention an/or resolution of psychosocial problems.

(B) The support and maintenance of strengths in psychosocial functioning, and:

(C) The goals to be achieved via psychosocial interventions.

(3) Treatment and intervention directed toward helping the patient understand and deal effectively with the biological, emotional, and social stresses of pregnancy with referrals, as appropriate.

(4) Postpartum reassessment, development of a care plan, and interventions.

(f) Review and revision of the care plan shall occur during the antenatal, intrapartum, and postpartum periods on a regular basis and will be based on repeated and ongoing assessments and evaluation of the client's status.

(g) Nutrition, psychosocial, and health education services ad defined in Sections 51179.2, 51179.3, and 51179.4 shall be provided by a comprehensive perinatal practitioner as defined under Section 51179.7.

(h) Each Comprehensive Perinatal Provider shall perform the duties of, or shall have on staff or employ or contract with one or more comprehensive perinatal practitioners as defined in Section 51179.7, to provide interdisciplinary services.

**TITLE 22****MEDICAL ASSISTANCE PROGRAM****§51348.1**

(Register 88, No. 24-6-11-88)

(P. 1294.2.14)

(i) Each Comprehensive Perinatal Provider shall inform the beneficiary what services will be provided, who will provide these services, where to obtain the services, when the services will be delivered, and procedures to follow in case of emergency.

(j) The Comprehensive Perinatal Provider shall refer patients, as appropriate, to services not specifically made part of comprehensive perinatal services, as defined in Section 51179. These services shall include, but are not limited to, those provided by the following programs: Women, Infants, and Children Supplemental Foods, Child Health and Disability Prevention, Family Planning, Genetic Disease, and Dental.

(k) The Comprehensive Perinatal Provider shall complete and forward to the Department, upon request, a Perinatal Data Form in a format prescribed by the Department for each patient served. NOTE: Authority cited: Sections 10725, 14105 and 14124.5, Welfare and Institutions Code. Reference: Sections 14053, 14132 and 14134.5, Welfare and Institutions Code.

**HISTORY:**

1. New section filed 2-17-87 as an emergency; effective upon filing (Register 87, No. 8). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 6-17-87.
2. New section refiled 6-5-87 as an emergency; operative 6-17-87 (register 87, No. 25). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 10-15-87.
3. Certificate of Compliance including amendment filed 9-17-87 (Register 87, NO. 38).

**51348.1. Comprehensive Perinatal Standards of Care.**

(a) Services shall be provided in conformance with:

(1) "Standards for Obstetric-Gynecologic Services, Sixth Edition", herein incorporated by reference in its entirety and available from the American College of Obstetricians and Gynecologists, 600 Maryland Avenue, Couth West, Suite 300 East, Washington D.C., 20024–2588.

(2) Newborn Screening Regulations as set forth in Title 17, California Administrative Code, Section 6500 et seq.

(3) Hemolytic Disease of the Newborn Requirements as set forth in Title 17, California Administrative Code, Section 6510 et seq. NOTE: Authority cited: Sections 10725, 14105 and 14124.5, Welfare and Institutions Code. Reference: Sections 14053, 14132 and 14134.5, Welfare and Institutions Code.

**HISTORY:**

1. New section filed 2-17-87 as an emergency; effective upon filing (Register 87, No. 8). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 6-17-87.
2. New section refiled 6-5-87 as an emergency; operative 6-17-87 (Register 87, No. 25). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 10-15-87.
3. Certificate of Compliance filed 9-17-87 (Register 87, No. 38).

**TITLE 22****MEDICAL ASSISTANCE PROGRAM**

(Register 87, No. 44-10-31-87)

**§51349**  
(P. 1294.3)**51348.2. Patient Rights.**

Patient participation in the comprehensive perinatal services program shall be voluntary. Each eligible patient shall be informed about the services available in the program, the potential risks and benefits of participation, and alternative obstetric care if she chooses not to participate in the program.

Prior to the administration of any assessment, drug, procedure, or treatment, the patient shall be informed of potential risks or hazards which may adversely affect her or her unborn infant during pregnancy, labor, birth or postpartum and the alternative therapies available to her. The patient has a right to consent or refuse the administration of any assessment, drug, procedure or treatment.

(c) The patient has the right to be treated with dignity and respect, to have her privacy and confidentiality maintained, to review her medical treatment and record with her physician or practitioner, to be provided explanations about tests and clinic procedures, to have her questions answered about her care, and to participate in the planning and decisions about her management during pregnancy, labor and delivery.

NOTE: Authority cited: Sections 10725, 14105 and 14124.5, Welfare and Institutions Code. Reference: Sections 14053, 14132 and 14134.5, Welfare and Institutions Code.

**HISTORY:**

1. New section filed 2-17-87 as an emergency; effective upon filing (Register 87, No. 8). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 6-17-87.
2. New section refiled 6-5-87 as an emergency; operative 6-17-87 (Register 87, No. 25). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 10-15-87.
3. Certificate of Compliance filed 9-17-87 (Register 87, No. 38).

**TITLE 22****MEDICAL ASSISTANCE PROGRAM****§51503.2**

(Register 88, No. 20-5-14-88)

(P. 1300.2.4.2)

**51504. Comprehensive Perinatal Services.**

(a) Except where a capitated health system contract entered into by the Department provides otherwise, reimbursement for comprehensive perinatal obstetric, nutrition, psychosocial, and health education services shall be made only to comprehensive perinatal providers defined in Section 51179.1.

(b) Except where a capitated health system contract entered into by the Department provides otherwise, reimbursement for comprehensive perinatal obstetric, services shall not exceed the maximum allowances for similar services established in Sections 51503, 51509 or 515093.1, whichever is applicable, plus the following amounts.

(1) An additional \$50.00 shall be allowed for the initial comprehensive medical office visit when provided within 16 weeks of the last menstrual period.

(2) An additional \$100.00 in total shall be allowed for the tenth and all subsequent prenatal office visits when billing occurs on a "by-visit" basis.

(c) Except where a capitated health system contract entered into by the Department provides otherwise, reimbursement for pathology services shall not exceed the maximum allowances established in Section 51529.

(d) Except where a capitated health system contract entered into by the Department provides otherwise, reimbursement of comprehensive perinatal nutrition, psychosocial, and health education services shall not exceed the maximum allowances listed in this section. Reimbursement shall be claimed only for time spent rendering covered patient care services while in direct personal contact with the patient. Reimbursement shall not be claimed for similar services provided under the Maternal and Child Health program.

**TITLE 22****MEDICAL ASSISTANCE PROGRAM****\$51504**

(Register 88, No. 20-5-14-88)

(P. 1300.2.5)

(e) Reimbursement for the combined perinatal assessment procedure listed in subsection

(1) shall be allowed only when all three indicated assessments and the initial comprehensive medical examination have been performed.

(1) Maximum allowances for comprehensive perinatal nutrition, psychosocial, and health education assessment:

Procedure Code		Maximum Allowance
Z6500	Initial comprehensive nutrition, psychosocial, and health education assessments and development of care plan, first 30 minutes each assessment (total of 90 minutes), including ongoing coordination of care.	\$135.83

(2) Maximum allowances for comprehensive perinatal nutrition services:

Z6200	Initial nutrition assessment and development of care plan, first 30 minutes	\$16.83
Z6202	Initial nutrition assessment and development of care plan, each subsequent 15 minutes (Maximum of 1 1/2 hours)	8.41
Z6204	Follow-up antepartum nutrition assessment, treatment and/or intervention, individual, each 15 minutes (Maximum of 2 hours)	8.41
Z6206	Follow-up antepartum, nutrition assessment, treatment, and/or intervention, group, per patient, each 15 minutes (Maximum of 3 hours)	2.81
Z6208	Postpartum nutrition assessment, treatment, and/or intervention, including development of care plan, individual, each 15 minutes (Maximum of 1 hour)	8.41
Z6210	Prenatal vitamin-mineral supplement, 300-day supply	39.96

(3) Maximum allowances for comprehensive perinatal psychosocial services:

(4) Maximum allowances for comprehensive perinatal health education services:

Z6300	Initial psychosocial assessment and development of care plan, first 30 minutes	\$16.83
Z6302	Initial psychosocial assessment and development of care plan, each subsequent 15 minutes (Maximum of 1 1/2 hours)	8.41
Z6304	Follow-up antepartum psychosocial assessment, treatment and/or intervention, individual, each 15 minutes (Maximum of 3 hours)	8.41
Z6306	Follow-up antepartum psychosocial assessment, treatment and/or intervention, group, per patient, each 15 minutes (Maximum of 4 hours)	2.81
Z6308	Postpartum psychosocial assessment, treatment, and/or intervention, including development of care plan, individual, each 15 minutes (Maximum of 1 1/2 hours)	8.41

**TITLE 22****MEDICAL ASSISTANCE PROGRAM****\$51504**

(Register 88, No. 20-5-14-88)

(P. 1300.2.6)

Procedure Code		Maximum Allowance
Z6400	Client orientation, each 15 minutes (Maximum of 2 hours)	8.41
Z6402	Initial health education assessment and development of care plan, first 30 minutes	16.83
Z6404	Initial health education assessment and development of care plan, each subsequent 15 minutes (Maximum of 2 hours)	8.41
Z6406	Follow-up antepartum health education assessment, treatment, and/or intervention, individual, each 15 minutes (Maximum of 2 hours)	8.41
Z6408	Follow-up antepartum health education assessment, treatment, and/or intervention, group, per patient, each 15 minutes (Maximum of 2 hours)	2.81
Z6410	Perinatal education, individual, each 15 minutes (Maximum of 4 hours)	8.41
Z6412	Perinatal education, group, per patient, each 15 minutes (Maximum of 18 hours)	2.81
Z6414	Post partum health education assessment, treatment, and/or intervention, including development of care plan, individual, each 15 minutes (Maximum of 1 hour)	8.41

&lt;General Materials (GM) - References, Annotations, or Tables&gt;

Note: Authority cited: Sections 10725, 14105 and 14124.5, Welfare and Institutions Code. Reference: Sections 14075, 14077, 14105 and 14134.5, Welfare and Institutions Code; Statutes of 2000, Chapter 52, Items 4260-101-0001 and 0890. Authority cited: Sections 10725, 14105 and 14124.5, Welfare and Institutions Code. Reference: Sections 14075, 14077, 14105 and 14134.5, Welfare and Institutions Code; Statutes of 2000, Chapter 52, Items 4260-101-0001 and 0890.

**HISTORY:**

1. New section filed 2-17-87 as an emergency; effective upon filing (Register 87, No. 8). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 6-17-87.
2. New section refiled 6-5-87 as an emergency; operative 6-17-87 (Register 87, No. 25). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 10-15-87.
3. Certificate of Compliance including amendment of subsection (d) filed 9-17-87 (Register 87, No. 38).
4. Amendment of subsection (b) filed 5-9-88 as an emergency; operative 5-15-88 (Register 88, No. 20). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 9-12-88.
5. Certificate of Compliance including amendment of subsection (b)(2) transmitted to OAL 9-1-88 and filed 10-3-88 (Register 88, No. 42).
6. Amendment of subsections (e)(1)-(e)(4) filed 9-25-92 as an emergency; operative 10-1-92 (Register 92, No. 40). A Certificate of Compliance must be transmitted to OAL 1-25-93 or emergency language will be repealed by operation of law on the following day.
7. Certificate of Compliance as to 9-25-92 order transmitted to OAL 1-22-93 and filed 3-9-93 (Register 93, No. 11).
8. Amendment of subsections (e)(1)-(2) and (e)(4), new subsection (f) and amendment of Note filed 7-16-2002; operative rates for services provided on or after 8-1-2000 pursuant to Stats. 2000, c. 52, Items 4260-101-0001 and 0890 (Register 2002, No. 29).
9. Certificate of Compliance as to 7-16-2002 order, including repealer of subsection (f), transmitted to OAL 11-12-2002 and filed 12-24-2002 (Register 2002, No. 52).<sup>19</sup>



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# Medi-Cal Provider Handbook

## Pregnancy: Comprehensive Perinatal Services Program (CPSP) List of Billing Codes

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This section contains the codes used to bill for Comprehensive Perinatal Services Programs (CPSP) services.

	HCPSC <u>Code</u>	<u>Description</u>	Maximum <u>Units of Service</u>
<b>Office Visits</b>	Z1032 -ZL	Initial comprehensive pregnancy-related office visit performed within 16 weeks of LMP	1
	Z1036	Tenth and subsequent antepartum office visits	1
<b>Initial Comprehensive Services</b>	Z6500	Initial comprehensive nutrition, psychosocial and health education assessments and development of care plan; first 30 minutes each assessment (total of 90 minutes), (includes ongoing coordination of care); the three assessments must be completed within four weeks of the "initial visit" (either the first pregnancy related visit or any one of the three initial assessments)	1
<b>Nutrition Services</b>	Z6200	Initial nutrition assessment and development of care plan; first 30 minutes	1
	Z6202	each subsequent 15 minutes (maximum of 1½ hours)	6
	Z6204	Follow-up antepartum nutrition assessment, treatment and/or intervention; individual, each 15 minutes (maximum of 2 hours)	8
	Z6206	group, per patient, each 15 minutes (maximum of 3 hours)	12
	Z6208	Postpartum nutrition assessment, treatment and/or intervention; including development of care plan, individual, each 15 minutes (maximum of 1 hour)	4

HCPCS <u>Code</u>	<u>Description</u>	Maximum <u>Units of Service</u>
Z6210	Prenatal vitamin-mineral 1 supplement, 300-day supply (all 300 vitamins must be dispensed before they can be billed)	1

The initial assessment must be rendered prior to billing any follow-up assessments.

<b>Comprehensive Psychosocial Services</b>	HCPCS <u>Code</u>	<u>Description</u>	Maximum <u>Units of Service</u>
	Z6300	Initial psychosocial assessment and development of care plan; first 30 minutes	1
	Z6302	each subsequent 15 minutes 6 (maximum of 1½ hours)	6
	Z6304	Follow-up antepartum psycho-12 social assessment, treatment, and/or intervention; individual, each 15 minutes (maximum of three hours)	12
	Z6306	Follow-up antepartum psycho-16 social assessment, treatment and/or intervention, group, per patient, each 15 minutes, (maximum of four hours)	16
	Z6308	Postpartum psychosocial assessment, treatment, and/or intervention, including development of care plan, individual, each 15 minutes (maximum of 1½ hours)	6

The initial assessment must be rendered prior to billing any follow-up assessments.

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	HCPCS		Maximum
	<u>Code</u>	<u>Description</u>	<u>Units of Service</u>
<b>Comprehensive Health Education Services</b>	Z6400	Client orientation (health education) each 15 minutes (maximum of two hours)	8
	Z6402	Initial health education assessment and development of care plan, first 30 minutes	1
	Z6404	Initial health education  assessment and development of care plan, each subsequent 15 minutes (maximum of two hours)	8
	Z6406	Follow-up antepartum health education assessment, treatment, and/or intervention, individual, each 15 minutes (maximum of two hours)	8
	Z6408	Follow-up antepartum health education assessment, treatment, and/or intervention, group, per patient, each 15 minutes (maximum of two hours)	8
	Z6208	Postpartum nutrition assessment, treatment and/or intervention; including development of care plan, individual, each 15 minutes (maximum of 1 hour)	4

HCPCS <u>Code</u>	<u>Description</u>	Maximum <u>Units of Service</u>
Z6410	Perinatal education, individual, 16 each 15 minutes (maximum of four hours)	16
Z6412	Perinatal education, group 16 per day * per patient, each 15 minutes. (Maximum 16 units per day – 72 units per pregnancy) *	16 per day*
Z6414	Postpartum health education 4 assessment, treatment and/or intervention, including development of care plan, individual, each 15 minutes (maximum of one hour)	4

Note: A modifier is not required for billing any of the comprehensive perinatal procedures.

\*

Medi-Cal reimburses for more than 16 units per recipient per day only if there is detailed documentation with the claim explaining the need for more than 16 units. Medi-Cal reimburses a maximum of 72 units per patient per pregnancy.

The initial assessment must be rendered prior to billing any follow-up assessments. Client orientation (Z6400) and/or group perinatal education (Z6412) may be rendered prior to the initial health education assessment.



## DEPARTMENT OF HEALTH SERVICES

1744 P STREET  
BOX 942732  
SACRAMENTO, CA 94234-7320

February 7, 1996

MMCD Letter No. 96-01  
Supersedes COB Letter 87-4

To: (x) PHPs (including Sacramento GMC Plans and Two-Plan Model)  
(x) PCCMs (including Sacramento GMC Plane)  
(x) COHs

Subject: Obstetrical Care

## BACKGROUND:

This policy letter clarifies Medi-Cal Managed Care's requirements for the contracting health plans on the provision of obstetrical services. This policy supersedes COB Letter 87-4.

## GOAL:

To assure optimum perinatal care and pregnancy outcomes for Medi-Cal managed care enrollees.

## POLICY:

A. Requirement of Basic Obstetrical Care: (CCR, Title 22, Sections 51348 and 51348.11)

1. All contracted health plans (COHs, PHPs, PCCMs, including GMC Plans and Two-Plan Model Plans) are required to follow the current American College of Obstetrics and Gynecologists (ACOG) standards (seventh edition) as the minimum standards for services provided to Medi-Cal pregnant women. In addition, all Plans are required to provide comprehensive initial risk assessment that includes medical, nutrition, health education and psychosocial risks, on all pregnant women at the initiation of pregnancy-related services. Formal re-assessments must be offered in each subsequent trimester and in the postpartum period. All identified risk conditions must be followed up by interventions designed to ameliorate or remedy the condition or problem in a prioritized manner. Individualized care plans must be developed to include obstetrical, nutritional, health education and psychosocial interventions when indicated by identified risk factors. See the discussion section of this letter for a more detailed listing of covered services.

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- Only for Two-Plan Model: All PHPs participating in the, Two-Plan Model will develop and implement standardized protocols in the following areas: 1) risk assessment that includes medical, nutrition, health education and psycho-social risks. 2) intervention protocols pertaining to risks identified in nutrition, health education and psycho-social areas. These protocols must be consistent with CPSP requirements set forth in Title 22, CCR, sections 51348 and 51348.1. Plans will not implement them until they are approved by DHS.
- 2. All Plans must ensure initiation of prenatal care as soon as possible and must not require prior authorization for basic obstetrical, nutritional, health education and psychosocial services as described above.
- Only for Two-Plan Model: For asymptomatic pregnant women, the first prenatal visit will be available within one week upon the member's request. If the pregnant member has symptoms, the symptoms should be evaluated as to whether an emergency or urgent care visit is necessary.

B. Prenatal Care Providers: Credentialing and Training

All Plans are required to apply their provider credentialing standards to all prenatal care providers. These credentialing standards are specified in the Plan's quality improvement program which must be approved by the Department. The Plans' prenatal care or obstetrical providers and ancillary care providers are exempt from the requirement of certification as Medi-Cal Comprehensive Perinatal Services Providers that are specified in Title 22, CCR, section 51249 and 51179.7. Although reasonable flexibility with the ancillary staff qualifications is permitted, plans must ensure that health education, nutrition and psychosocial services are provided by staff with demonstrated professional competence. Plans must also ensure that all prenatal care providers and ancillary care providers are trained and educated on the standards and requirements of providing comprehensive perinatal services to Medi-Cal members.

C. Referrals

Plans must develop and implement policies and procedures for appropriate genetic screening and counseling and for appropriate referrals of high risk pregnancies to specialists. If genetic diagnostic services are medically indicated, Plans must refer members to DHS-approved genetic diagnostic centers.

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Plans perinatal providers must also refer patients to the Women, Infants and Children (WIC) Supplemental Foods program.

D. Member's Rights

All Plans must inform Medi-Cal members of childbearing age of the availability of comprehensive perinatal services and how to access such services as soon as pregnancy is determined.

All Plans must comply with the Medi-Cal beneficiary rights provisions of the comprehensive perinatal services regulations as set forth in Title 22, CCR, section 51348.2, which states that the beneficiary's participation in comprehensive perinatal services is voluntary.

E. Coordination with Local Health Department

All Plans are encouraged to develop working relationship with local health departments in the area of maternal and child health (MCH). Plans and the local MCH program may collaborate and coordinate to achieve improvement of perinatal care.

EXCEPTION:

Some plan contracts, including all Two-Plan Model contracts, include a specific requirement regarding coordination with local health departments. The affected plans must have a memorandum of understanding with the local MCH program delineating roles and responsibilities in the following areas: outreach, perinatal access, provider network, education, training and information sharing, etc. Please check your plan's contract for specific requirements. (Please see enclosure.)

DISCUSSION:

ACOG standards specify the minimum components of quality obstetrical care. Initial and periodic evaluation of the patient's status and special attention to risk factors are key aspects of quality prenatal care. Risk screening at each visit is important to identify patients requiring special antepartum or intrapartum care. Risk reductions and lifestyle modifications adopted during pregnancy enhance the quality of life for both mother and infant.

February 7, 1996

The Comprehensive Perinatal Services Program (CPSP) integrates nutrition, psychosocial, and health education services with basic obstetrical services. This multidisciplinary approach to the delivery of prenatal care is based on the recognition that providing these services from conception through 60 days following delivery contributes significantly to improved pregnancy outcomes. The delivery of CPSP services is a Medi-Cal benefit pursuant to Title 22, California Code of Regulations (CCR), Section 51348.

Basic obstetrical services include the following:

A. Initial Evaluation

An obstetric patient record must be established for each patient which includes:

1. A comprehensive health history, including but not limited to screening for genetic disorders.
2. A complete physical examination.
3. Results of laboratory procedures, including but not limited to: hemoglobin/hematocrit, urinalysis and microscopic examination or culture, ABO blood group and Rh type, antibody screen, rubella antibody titer, syphilis screen, cervical cytology, and any other indicated test. HIV testing and counseling must be offered to all pregnant women.
4. Initial comprehensive risk assessments that comply with CPSP standards, including but not limited to: medical/obstetrical risk assessment; nutritional assessment; psychosocial assessment; and, health education assessment.

B. Antepartum Care

The frequency of prenatal care visits is determined by a woman's individual needs and risk factors. Consistent with professional standards, a woman with an uncomplicated pregnancy should generally be seen every 4 weeks for the first 28 weeks of gestation, every 2-3 weeks until 36th week, and weekly thereafter.



Reassessment of risks must be offered in each trimester and must include review of all the factors identified in Title 22, CCR, section 51348. Appropriate interventions, such as obstetrical, nutrition, health education and psychosocial interventions, must be provided for each identified risk condition. Individualized care plans must be developed that include obstetrics, nutrition, health education and psychosocial services.

Plans must develop and implement protocols for referrals of pregnant women with complicated pregnancies and pregnant women with increased risk for genetic disorders. Utilization of standardized procedures for the provision of nutrition, psychosocial and health education services by a qualified allied health professional is strongly encouraged.

C. Intrapartum Care

All Plans must inform pregnant members of the identified hospital for delivery. A copy of the member's prenatal care records should be forwarded to the identified hospital.

Whenever indicated, Plans must direct women with high risk pregnancies to a facility with advanced obstetrics and neonatal care unit. Plans' contracted hospitals that are unable to provide the full range of perinatal and neonatal services must have formalized arrangement for consultation and transfer of high risk mothers or neonates to the appropriate subspecialty perinatal care facilities.

In general, transport should be considered when the resources immediately available to the maternal, fetal, or neonatal patient are not adequate to deal with the patient's actual or anticipated condition.

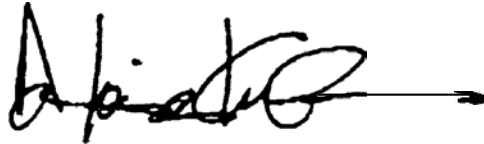
D. Postpartum Care

The routine postpartum care visit should generally be accomplished 4-8 weeks after delivery, although this interval may be modified if warranted by the needs of the patient. The postpartum review should include: interval history and physical examination, laboratory data as indicated, family planning counseling, and nutritional, health education, psychosocial reassessments.

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~~February~~ 7, 1996

If you have any questions regarding this policy, please  
contact your contract manager.

Sincerely,

A handwritten signature in black ink, appearing to read "A. Kelly", with a long horizontal flourish extending to the right.

 Joseph A. Kelly, Chief  
Medi-Cal Managed Care Division

Enclosure